



2017 Holiday Gift Wrap Town Center Volunteer Sign-up

Town Center, Corte Madera — November 24 through December 24

(Fill out a separate form to volunteer at *Book Passage*)

TO SUBMIT THIS FORM ELECTRONICALLY:

1. Save this form to your computer with your name in the title
2. Fill in your information on the new form you saved
3. **CLICK HERE** to submit. This will open a new message in your email (HBTB address will be auto-filled)
4. Send
5. If a window appears prompting "Select Email Client", click the appropriate box and OK.

YOU MAY ALSO SUBMIT YOUR APPLICATION VIA:

Email: Attach application to an email and send to VOLEVENT@hbtb.org

Mail: Hospice by the Bay, 17 E. Sir Francis Drake Blvd., Larkspur, CA 94939, Attn: Volunteer

Fax: (415) 925.1680

QUESTIONS: Hospice by the Bay Volunteer Department (415) 927.2273

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

In case of emergency, please notify: Name: _____

Relationship: _____ Phone: _____ Cell phone: _____

SCHEDULE — TOWN CENTER Holiday Gift Wrap

Weekends only, November 24 through December 10

11–1:30 p.m. 1:30 – 4 p.m.

Daily, December 11 through December 23

11–1:30 p.m. 1:30 – 4 p.m. 4 – 6 p.m.

Christmas Eve, Sunday, December 24

11–1:30 p.m. 1:30–4 p.m.

Preferred days/shifts:

(1st choice): _____

(2nd choice): _____

May we contact you on short notice to fill in? Yes No

What days could you possibly be on-call? _____

Your schedule will be confirmed prior to your volunteer shift. Call (415) 927.2273 for info.



2017 Holiday Gift Wrap Volunteer Waiver

VOLUNTEER WAIVER

Please note:

- Your service is strictly voluntary and you will not be paid for your time or services.
- Your responsibilities in supporting this event will include a variety of activities including but not limited to wrapping customer gifts, maintaining an enthusiastic and customer-oriented environment, accepting community donations, counting money, organizing/straightening the space, observing good communication and working as a team, and adhering to Hospice by the Bay volunteer policies and expectations.

Please acknowledge the following statement with your signature below:

As a volunteer, I assume the risk and responsibility for all claims, legal actions and costs resulting from injuries to myself or others, as well as property damage, which is/are caused by my negligence or my intentional acts. I further release Hospice by the Bay, their employees, directors, and assigns from any liability relating to claims arising from the above.

By your signature, you acknowledge reading, understanding, and agreeing to the statements above.

Print Full Name: _____

Signature: _____ Date: _____

THANK YOU FOR YOUR SUPPORT OF HOSPICE BY THE BAY!