



2017 Holiday Gift Wrap  
Book Passage Volunteer Sign-up

Book Passage, Corte Madera — December 15 through December 23

(Fill out a separate form to volunteer at Town Center)

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 opens 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](mailto: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 — BOOK PASSAGE Holiday Gift Wrap

Daily, December 15 through December 23

11–1:30 p.m. or 1:30 – 4 p.m.

No Christmas Eve Volunteer Shifts

Preferred days/shifts:

(1<sup>st</sup> choice): \_\_\_\_\_

(2<sup>nd</sup> 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

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### 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!***