



2016 Holiday Gift Wrap Book Passage Volunteer Sign-up

Book Passage, Corte Madera — December 12 through 23

Instructions for submission (please use separate form to volunteer at Town Center):

- **Online:** 1. Save this form to your computer and include your name in the document title
2. Close original form
3. Open the form you saved, complete all the fields and [click here to submit](#)
- **Fax:** Print, complete and sign this form; then fax to: (415) 925.1680.
- **Email:** 1. Save this form to your computer and include your name in the document title
2. Close original form
3. Open the form you saved, complete all the fields and send as an attachment to VolEvent@hbtb.org
- **Mail:** Print and send completed form to: **Volunteer Coordinator**
Hospice by the Bay
17 E. Sir Francis Drake Blvd., Larkspur, CA 94939

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Home Phone: _____

Email: _____

If no email, list preferred phone number: _____

In case of emergency, please notify: Name: _____

Relationship: _____ Phone: _____ Cell phone: _____

SCHEDULE — BOOK PASSAGE Holiday Gift Wrap

Daily, December 12 through December 23

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, if any? _____

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



2016 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 (required): _____ Date: _____

THANK YOU FOR YOUR SUPPORT OF HOSPICE BY THE BAY!