



The Lampasas Mission
Individual Volunteer Application

(Your information will not be shared with anyone outside of the Lampasas Mission.)

Name: _____ DOB: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail _____

Do you have any Special Medical Conditions we should be aware of: (circle one) Yes No

If so, please explain: _____

In case of an emergency, whom should we contact? _____

Telephone: _____ Relationship: _____

Have you ever been charged with, indicted for, or pled guilty to a misdemeanor or felony offense?

Check one. Yes No (If yes, please explain) _____

*****LIABILITY WAIVER *****

_____, do hereby agree to indemnify and hold harmless the Lampasas Mission, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right of action I have against the Lampasas Mission in consideration of my participation as a volunteer for the Lampasas Mission.

Signed _____

Date _____