



The Kind Mouse Productions, Inc.

1801 16th Street North, Suite B
St. Petersburg, Florida 33704
www.TheKindMouse.org
727-575-7834
45-2455492

VOLUNTEER APPLICATION

Date: _____

Adult Name: _____

Child Volunteers:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Your E-Mail: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Office Phone: _____

Employer Address: _____

Other Organizations You Belong To:

How did you hear of us? _____

Please indicate all areas of interest and any special talents:

- _____ Volunteering
- _____ Event Coordination
- _____ Phone Calls
- _____ Merchandise
- _____ Mailing Lists
- _____ Handwritten Thank You Notes
- _____ Fund Raising
- _____ Photography
- _____ Committee Chairperson

Our Mission is to assist families in transition and their chronically hungry children while developing the next generation of volunteers to carry on the mission of The Kind Mouse. No hardworking individual and their family should ever go hungry.



- Office / Clerical
- Computer Work
- CRM (online platform data entry) Data Entry (excel, word, etc.)
- Silent Auction
- Item Collection / Donation Requests Basket Preparation
- Public Relations
- Public Speaking
- Graphic Arts
- Networking
- Couponing
- Food Sorting/Packing
- Food Pick Up and Delivery
- Food Drive Assistance
- Food Drive – Host your own
- Host A Kind Mouse Event
- Food Pick Up and Delivery
- Mice In Training (Outreach Group for Children ages 5-10 and their parents)
- Mice Interns (Outreach Group for Children ages 11-18 and their parents)

Special Talents: _____

Would you be willing to chair a committee? Yes No

Would you like to help with our outreach groups? Yes No

In what capacity? _____

I understand I am to submit for a background check when working with children. I will
(initial) donate \$60 to The Kind Mouse to cover this cost if I volunteer in a capacity working directly
with children.

Our Volunteer Coordinator will follow-up to schedule next steps (orientation, pantry tour, trainings, etc) and to ensure you start receiving emails with the appropriate upcoming dates for volunteering, meetings and events.

Thank You for Your Interest in Becoming A Mouse!

Without You We Would Still Be Chasing Our Tails!

Kindly return all 4 pages of this application to: **Volunteer@TheKindMouse.Org**



UNCONDITIONAL WAIVER, RELEASE, AND INDEMNITY

I understand that there are inherent risks involved in participating in events and activities associated with The Kind Mouse Productions, Inc. (hereinafter referred to as "Kind Mouse"), either as a volunteer, an agent, a representative, or otherwise, and that some Kind Mouse activities and events are inherently dangerous and can cause injury, including serious bodily injury, emotional injury, damage to personal property, and/or death. I understand that Kind Mouse activities and events often involve inherently risky actions including, but not limited to, handling and being in close proximity to heavy objects, repetitive motions such as bending over and reaching, walking on ground that may be crowded with objects, slippery, or uneven, handling metal and plastic goods which may be damaged, being near carts full of heavy objects, and loading and unloading objects from vehicles where traffic may be present. And, I understand this is not an exclusive list of possible dangers, and other dangers may be involved.

By signing below, I represent, and agree that I understand the nature of the Kind Mouse events and activities in which I, or the below named Participant, might participate, and I am, or the below named Participant is, qualified, able, in good health, and in proper physical condition to participate. ***I further agree that if I have questions, or feel at risk for injury or property damage, I will immediately discontinue participation, and then notify the proper person at Kind Mouse.***

In consideration for the opportunity to volunteer for Kind Mouse, I hereby release, hold harmless, forever discharge, and agree to defend and indemnify Kind Mouse, and any and all of its employees, officers and directors, agents, representatives, affiliates, successors, and/or assigns, of and from any and all claims, demands, causes of action, damages, and/or liabilities of every kind and nature, including attorneys fees and costs, which arise from, are caused by or contributed to by, or in any other way related to, my participation in a Kind Mouse activity or event, except that this release, waiver and indemnity agreement shall not apply to liabilities caused by intentional and willful misconduct, or gross negligence, by the employees, officers, or directors of Kind Mouse. I agree that Kind Mouse shall not be found grossly negligent if I have falsely represented my abilities, failed to discontinue participation, or otherwise failed to comply with the above paragraph. I further agree that should any legal dispute arise between myself and Kind Mouse, or any of its employees, officers or directors, agents, representatives, affiliates, successors, and/or assigns, in connection with my participation, or the participation of the below named Participant, then venue and jurisdiction shall be in the appropriate Florida state-jurisdiction court located in Pinellas County, unless otherwise mutually agreed in writing.

By signing below, I hereby waive all possible claims of injury to my body, emotional injuries, property damage, and/or claims relating to death, which I may have, or which may arise in the future, against Kind Mouse and any and all of its employees, officers and directors, agents, representatives, affiliates, successors, and/or assigns, that are related in any way to my participation in Kind Mouse events and activities, including claims in tort, contract, equity, and/or other types of claims.



Furthermore, I understand that Kind Mouse may photograph, videotape, or otherwise record Kind Mouse events and activities, or things related thereto, and I grant permission for myself, and/or the below named Participant, to be photographed, videotaped, and/or otherwise recorded by Kind Mouse for public purposes including, but not limited to, public media, marketing, social media, advertising, blogging, website use, Facebook posts, blogging, twitter, and uses affiliated with obtaining and maintaining grants and other donations, and that any and all such photography, video footage, and other recordings are the property of Kind Mouse, and/or its affiliates, successors and/or assigns.

This agreement is unconditional, and it is my intention that it be construed so as to waive, release, hold harmless, defend, and indemnify Kind Mouse to the fullest extent of the law. If any condition or language herein shall be found to be unenforceable, the unenforceable part shall be severed and the remainder of this agreement shall continue in full force and effect.

I am either 18 years old or older and I am mentally competent to enter into this agreement, or I am the lawful Parent or Guardian of the participant named below, and my signature indicates that I agree with all of the above conditions on my behalf, or on behalf of the person for whom I am a Parent or Guardian.

Print Name of Participant

Signature of Participant _____
Date

Participant's E-Mail: _____
(or best option if child does not have email)

If the Participant is under the age of 18, or if the Participant otherwise requires the signature of a Guardian: By signing below, I, the Parent or Guardian, signify that I have read and accepted the above terms and conditions, and I understand that for the purposes of this agreement, whenever the terms "I," "my," "myself," or other first person references are used, they shall be interpreted so as to also apply to the Participant for whom I am signing, and by signing below, I acknowledge that ***I have informed the Participant that if he or she has questions, or feels at risk for injury or property damage, then he or she should immediately discontinue participation, and then notify the proper person at Kind Mouse.***

Print Name of Parent or Guardian

Signature of Parent or Guardian _____
Date

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