

## Lake Jovita HOA Volunteers – Volunteer Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell Phone or other number: \_\_\_\_\_

What times or days are best or worst for you (weekends only, weekdays only, seasonal resident only, no specific preferences, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Generally, volunteer work for this committee would involve light to moderate manual work outside. Examples could include painting, cleaning playground equipment, light repairs, raking, watering new plants, light pruning, putting down mulch etc. Occasionally, we may have work helping to set up or monitor HOA events. Is there any particular type of work you would like to do or not do?

\_\_\_\_\_  
\_\_\_\_\_

Anything else you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_

We will acknowledge your application. We have a limited amount of volunteer work available but will do our best to spread the work around and match it to what you prefer to do. You may always choose not to participate due to timing or other factors – just let us know. All volunteers must sign a Volunteer Liability Release Form before working.



## Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer for the Lake Jovita Homeowners Association, Inc.

I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activity or other activity of any nature, including the use of equipment and facilities of the Lake Jovita Homeowners Association, Inc.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge the Lake Jovita Homeowners Association, Inc. and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it's agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Volunteer Signature: \_\_\_\_\_

Volunteer Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_