

**WILLOUGHBY HILLS ISOLATED SENIORS PROGRAM**  
**FOR EVERYDAY RELIEF (“WHISPER”)**  
*APPLICATION FOR SERVICES*  
*FULL & FINAL RELEASE/WAIVER/FULL INDEMNIFICATION*

**NAME :** \_\_\_\_\_

**CONTACT PERSON (IF DIFFERENT FROM INDIVIDUAL NEEDING ASSISTANCE):**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ARE THE REQUESTED SERVICES PERMANENT OR TEMPORARY?** \_\_\_\_\_

(For example, someone may require assistance to have their lawn mowed once or twice while they are recovering from surgery.)

**DESCRIBE THE ASSISTANCE/SERVICES THAT YOU ARE IN NEED OF:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that I will not hold the City of Willoughby Hills responsible for any damage, injury, claim or cause of action to me or my property as a result of my participation in the WHISPER Program. I fully release and discharge the City of Willoughby Hills, its employees, and representatives, and to indemnify and hold harmless the City of Willoughby Hills from any and all damages, causes of action, negligence or any other claims or liabilities arising out this volunteer assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to:

City of Willoughby Hills

Mayor Weger's Office

35405 Chardon Road

Willoughby Hills, OH 44094

If you have any questions, please call (440) 918-8730

**WHISPER – VOLUNTEER AGREEMENT/ FULL AND FINAL  
RELEASE/WAIVER/FULL INDEMNIFICATION**

*Our mission is to provide help to the seniors of the City of Willoughby Hills in need of assistance, temporarily or permanently.*

This agreement is intended to indicate the seriousness with which WHISPER treats our volunteers. The intent of the agreement is to assure both our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

**I. WHISPER PROGRAM STAFF**

WE, THE WHISPER PROGRAM STAFF, AGREE TO ACCEPT THE SERVICES OF

\_\_\_\_\_ BEGINNING \_\_\_\_\_, 2009,

AND WE COMMIT TO THE FOLLOWING:

1. To provide adequate information, training and assistance for you to be able to meet the responsibilities of your volunteer assignment.
2. To ensure diligent supervisory aid to you and provide feedback on performance.
3. To respect your skills, dignity and individual needs, and to do our best to adjust to these requirements.
4. To be receptive to any comments from you regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat you as an equal partner with WHISPER Staff, jointly responsible for completion of WHISPER'S mission.

**II. VOLUNTEER**

I, \_\_\_\_\_, recognizing the important responsibility I am undertaking in serving as a member of the WHISPER Volunteer Program, agree to serve in a trustworthy and diligent manner as a volunteer and commit to carry out the duties and obligations in my role as a volunteer as follows:

1. To perform my volunteer duties to the best of my ability and advocate for our community's seniors in a positive and supportive manner.
2. To adhere to and support WHISPER rules and procedures.
3. To provide the help that reflects our community's values of fairness, honesty, equality, and responsibility to assist others in need.

If for any reason, I find myself unable to carry out the above duties to the best of my ability, I agree to resign my position as volunteer.

Further, I understand that I am agreeing that as a volunteer, I will perform activities that I am comfortable doing and may be dangerous and I assume all risks of any nature whatsoever. I also agree that I will not hold the City of Willoughby Hills responsible for any damage, injury, claim or cause of action to me or my property as a result of my participation in the WHISPER Program. I fully release and discharge the City of Willoughby Hills, its employees, agents and representatives. I agree to be responsible for my behavior and to indemnify and hold harmless the City of Willoughby Hills from any and all damages, causes of action, negligence or any other claims or liabilities arising out of my activities as a volunteer. I also grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this program.

AGREED TO:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
WHISPER Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date