



**STRENGTHENING RELATIONSHIPS TRAINING**

**This application is for use ONLY by students who are completing the HCWC advocate training in order to satisfy the requirements for interning with the Strengthening Relationships program. If you would like to become a volunteer for HCWC you must complete the HCWC advocacy training in its entirety and fill out a volunteer application. Please contact the Volunteer and Public Education Coordinator, 512-396-3404 ext. 241 or [info@hwc.org](mailto:info@hwc.org), for a volunteer application.**

Today's Date: \_\_\_\_\_ Have you ever been at client at HCWC?  Yes  No

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_

May we contact your Strengthening Relationships supervisor?  Yes  No

Please circle the best way to contact you weekdays, 9a-6p? Work Home E-mail Cell

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

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**Signature of Volunteer**

**Date**

Please return this completed application to:

[info@hwc.org](mailto:info@hwc.org)

or

Fax: 512-353-2018

or

Attn: Volunteer and Public Education Coordinator

HCWC

P.O. Box 234

San Marcos, TX 78667



**HAYS-CALDWELL WOMEN'S CENTER  
Volunteer Release of Liability**

*The Hays-Caldwell Women's Center (HCWC) is unable to assume any liability on behalf of volunteers. Please read the following statements releasing HCWC from liability and indicate your understanding by your signature below.*

**LIABILITY RELEASE**

I AGREE to respect the persons, privacy, and possessions of the clients, staff, and volunteers of the Hays-Caldwell Women's Center and to ensure that my children do the same.

I RECOGNIZE that I alone am responsible for my safety and health, the safety and health of my children, and the safety and health of any other persons who might accompany me. I alone am responsible for my (our) possessions. The staff and/or volunteers at HCWC cannot safeguard or be responsible for my children, our possessions, or me.

In respect to the services provided by HCWC to me and to those accompanying me, I UNDERSTAND that HCWC assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor, during any transportation by staff, volunteers, or clients to or from any location; nor for any illness, damage, or inconvenience sustained by me, my children, or others accompanying me.

I AGREE to hold HCWC, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those accompanying me.

**By signing below, I certify that I have read and understood the above release of liability.**

_____	_____
<b>Signature of Volunteer</b>	<b>Date</b>

_____	_____
<b>Signature of Parent or Legal Guardian if under 18 years</b>	<b>Date</b>

_____	_____
<b>Signature of HCWC Witness</b>	<b>Date</b>