



# Volunteer Interest Form

*Volunteerism... a great way to give back to your community!*

The Hampton Area Chamber of Commerce is a locally driven, non-profit organization that focuses on the national "Main Street Four-Point Approach"... Organization, Design, Promotion and Business Improvement. We are committed to community participation in the enhancement and expansion of the Hampton Area Chamber of Commerce services. We depend on the tremendous spirit of volunteerism in our communities! We need your help in making our communities "Iowa's Best!" As our organization grows, we need more help to accomplish our goals! Volunteers are needed to assist in stimulating economic growth, providing a quality lifestyle for our residents, and attracting new businesses and people to our communities.

We have a volunteer opportunity for everyone! The Hampton Area Chamber of Commerce relies on community members to bring their expertise and energy to its many activities. There are a wide variety of volunteer opportunities! Whether you prefer working with a single event or on a committee, we have a place for you! If you enjoy working with people and love your community, we need you! You can choose the team and/or the activities that best fit your strengths and interests. Please fill out the interest form so we may help you find a volunteer assignment that matches your interests and scheduling needs. Have fun, meet new people, help make our communities a better place, and to have a say in what happens here!

**Please print legibly**

Name: \_\_\_\_\_ Birthday: (day/month) \_\_\_\_\_  
Last First

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

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

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

Occupation: \_\_\_\_\_ Employer: (if employed) \_\_\_\_\_

Professional/Educational Background: \_\_\_\_\_ How long have you lived in Franklin County? \_\_\_\_\_

Tell us a little about yourself! Describe your reasons/interest in volunteering for our organization: \_\_\_\_\_

Please describe any skills, strengths, and experience that you bring to your work as a volunteer: \_\_\_\_\_

Other Volunteer Activities: (please identify both past and current activities) \_\_\_\_\_

Generally, what kinds of Hampton Area Chamber of Commerce projects interest you?

- Improving downtown's appearance
- Events and Celebrations in Franklin county
- Supporting businesses/improving the economy of Franklin county
- Helping with behind-the-scenes activities that keep the organization going
- Other (Please list): \_\_\_\_\_

What do you absolutely NOT want to do for Hampton Area Chamber of Commerce? \_\_\_\_\_

Through volunteering for Hampton Area Chamber of Commerce, I hope to...

- Build my skills
- Expand my professional contacts
- Allow me to meet new people
- Give back to the community
- Other (Please list): \_\_\_\_\_

Please list any specific Hampton Area Chamber of Commerce projects that interest you:

- |   |   |
|---|---|
| <input type="checkbox"/> Planning festivals and special events  | <input type="checkbox"/> Building inventory             |
| <input type="checkbox"/> Retail promotions                      | <input type="checkbox"/> Youth projects                 |
| <input type="checkbox"/> Website                                | <input type="checkbox"/> Business roundtables           |
| <input type="checkbox"/> Newsletter/publications                | <input type="checkbox"/> Historic preservation          |
| <input type="checkbox"/> Annual Banquet                         | <input type="checkbox"/> Photography                    |
| <input type="checkbox"/> Assisting with fund-raising activities | <input type="checkbox"/> Grant writing                  |
| <input type="checkbox"/> Serving on a committee                 | <input type="checkbox"/> Carpentry/handyman/repairs     |
| <input type="checkbox"/> Serving as a board member              | <input type="checkbox"/> Being a 'runner' for events    |
| <input type="checkbox"/> Cooking/baking and entertaining        | <input type="checkbox"/> Setting up prior to an event   |
| <input type="checkbox"/> Marketing –Advertising                 | <input type="checkbox"/> Cleaning up following an event |
| <input type="checkbox"/> Gardening-Planting                     | <input type="checkbox"/> Driving a car                  |
| <input type="checkbox"/> Speaking to groups                     | <input type="checkbox"/> Meeting new people             |
| <input type="checkbox"/> Selling or contacting people           | <input type="checkbox"/> Other                          |

I am available:

- On very short notice    On short notice    With a few days' notice    With a few weeks' notice

I can give Hampton Area Chamber of Commerce:

- A few hours at a time    A day at a time    Two days at a time    Flexible

I prefer to work:

- Individually    On a team    No preference

I would like to volunteer:

- A day or more per week    Once a week    Once every couple of weeks    Once a month  
 Once a quarter    Once every six months    Once a year

What do you prefer:

- Weekends and/or  Weekday(s) and please select by circling: Monday - Tuesday - Wednesday - Thursday - Friday

Please list any other information that you feel would help us provide you with a satisfying volunteer experience:

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Can you suggest any other potential individual volunteers for Hampton Area Chamber of Commerce?

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Do you belong to a group that might be interested in working on a Hampton Chamber of Commerce project? Please describe.

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**Thank you for considering volunteering with Hampton Area Chamber of Commerce! We will contact you.**  
Hampton Area Chamber of Commerce – 5 First Street SW; Hampton, IA 50441 – 641.456.5668 – email address here



# Comprehensive Release for Volunteer Activities

All volunteers are required to sign a comprehensive release of liability form upon becoming a volunteer.  
Volunteers under 18 years will need a parent's signature upon becoming a volunteer.

## Liability Release

I acknowledge that I am not an employee of, or under any employment contract with Hampton Area Chamber of Commerce to perform work or labor. I further acknowledge that I am at least 18 years of age, of sound body and mind, and that I do not have any physical or other impairments that would prevent or limit me from performing such volunteer work. I recognize that if such work may involve heavy lifting or other strenuous and risky activity, the consequences of which I accept. If I am injured during such maintenance, I agree to look to my own resources and/or my own insurance to cover any medical bills or other losses that I may suffer. No worker's compensation will be available to me from Hampton Area Chamber of Commerce because I am not an agent or employee of the organization.

I hereby release Hampton Area Chamber of Commerce and their officers, employees, affiliates, successors and assigns from any and all liability, claims and losses, of every kind, which I now have or ever had or which may later accrue, relating to any action or inaction taken by any of the foregoing with respect to the maintenance of the aforementioned project and any and all activities undertaken in connection with such project.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

If under the age of 18 years

Print Name (Parent or Guardian): \_\_\_\_\_

Signature (Parent or Guardian): \_\_\_\_\_

## Confidentiality Statement:

As a volunteer for the Hampton Area Chamber of Commerce, I acknowledge that I may have access to confidential and privileged information and materials obtained through my affiliation with this organization. I shall not share any such information or materials with anyone within or outside the organization not intended to receive them.

Initials: \_\_\_\_\_

## Consent and Release for Publication of Images:

I, the undersigned, hereby grant the Hampton Area Chamber of Commerce permission to take photographs, video footage and digital images of me, for legitimate purposes, including for advertising, trade and editorial purposes, at any time in the future in all media now known or hereafter developed throughout Iowa. I also consent to the use of my name in connection with such images. I hereby release, indemnify and hold harmless The Hampton Area Chamber of Commerce from any and all claims which may result at any time by reason of the use of my likeness and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release. I am over the age of 18.

Initials: \_\_\_\_\_

Name (please print)

Signature

Address

Date

IF PERSON IS NOT OF LEGAL AGE: I represent that I am the parent/guardian of the above-named person. I hereby grant permission of this minor to engage in these volunteer activities; I relinquish and assign all rights, title and interest, if any, in the photographs described above; I consent to the foregoing release of liability, confidentiality statement, and consent and release to publication of photographs in my own behalf, and on his/her behalf; and I hereby release, indemnify and hold harmless The Hampton Area Chamber of Commerce and its officers, directors, and employees from any and all claims arising out of any of the matters described above.

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Name (please print)

Signature

Relationship

**Drivers License and Insurance Coverage:**

I understand that if I use my personal automobile in my volunteer service I will arrange to keep in effect automobile liability insurance at least equal to the minimum limits required by the State of Iowa.

Drivers License #: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_