

909 South Florida Ave.  
Alamogordo, NM 88310  
Office: (575) 434-3622  
Fax: (575) 434-3530  
Crisis Hotline: (575) 437-COPE (2673)  
<http://www.copedv.com>



700 Mechem Drive, Suite #8  
Ruidoso, NM 88345  
Office: (575) 258-1064  
Fax: (575) 258-1068  
Toll Free Crisis Hotline:  
1-866-350-COPE (2673)  
<http://www.copedv.com>

## Center of Protective Environment, Inc. (COPE, Inc.) Volunteer Application

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

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

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

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

### In Case of Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Volunteer Experience:

Agency: \_\_\_\_\_

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

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

Agency: \_\_\_\_\_

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

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

### Groups and Organizations You are Affiliated With:

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**Do you have Special Talents that could benefit COPE? Please describe:**

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**Check all that apply:**

Donation Distribution  
 Fundraising Activities  
 Gardening/Maintenance Work

If you are interested in volunteering a background check will be conducted and will be necessary before you are scheduled to start. You may be asked to participate in volunteer training and in-service training that are scheduled.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteers are as tremendous asset to our organization.  
We appreciate your willingness to help, thanks for caring.**

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## Confidential Agreement

Due to the sensitive and confidential nature of the individuals seen at the Center of Protective Environment, Inc. (COPE, Inc.), it is imperative that their information be kept confidential.

I affirm that I will not reveal any information that I obtain in the course of my contact at COPE, Inc., relating to the clients of the agency. I will not reveal any information about individuals I see at COPE, Inc. I understand that such breach could potentially affect their safety, and I affirm that I will not jeopardize their safety by revealing any knowledge I may have of their affiliation with COPE.

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

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

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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## Volunteer Release and Waiver of Liability

This is a release and Waiver of Liability (the “Release”) executed on this date, \_\_\_\_\_, By \_\_\_\_\_ (the “Volunteer”), and if applicable, in conjunction with \_\_\_\_\_, (if applicable) the parent having legal custody or legal guardianship of the volunteer, in favor of the Center of Protective Environment, Inc., a non-profit corporation and their directors, officer, employees and agents (collectively known as “COPE”).

The volunteer desire to work as a volunteer for COPE and engage in the activities related to being a volunteer.

The Volunteer hereby freely, voluntarily and without duress executes this Release under the terms below:

### 1. Release and Waiver

Volunteer does hereby release and forever discharge and hold harmless COPE and its successors and assigns from any liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with COPE.

Volunteer understands that the Release discharges COPE from any liability or claim that the Volunteer may have against COPE with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with COPE, whether caused by the negligence of COPE or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that COPE does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

It is the policy of COPE that children under the age of 16 are not allowed on a Cope work site while there is construction in progress. Federal regulations prohibit minors between the age of 14 and 15 from working in general construction. Minors between the age of 16 and 17 may perform general construction work, but may not engage in certain activities that are considered ultra hazardous. These activities include the use of power tools and motor vehicles, demolition, roofing, and excavation operation.

### 2. Medical Treatment

Volunteer does hereby release and forever discharge Cope from any claim whatsoever which arises or may hereafter arise on account of any other first aid, treatment, or service rendered in connection with the volunteer’s Activities with COPE, or with the decision by any representative or agent of COPE to exercise the power to consent to medical treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

### 3. Assumption of Risk

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**The Volunteer**

understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work site. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases COPE from all liability for injury, illness, death or property damage resulting from the activities.

**4. Insurance**

The Volunteer understands that, COPE does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

**5. Photographic Release**

Volunteer does hereby grant and convey unto COPE all rights, title and interest in any and all photographic images and video or audio recordings made by COPE during the Volunteer's Activities with COPE, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other**

Volunteers expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico, and that this release shall be governed by and interpreted in accordance with the laws of the State of New Mexico. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**By signing below, the Volunteer and, if applicable, the parent/guardian, has read, understood, and executed this Release as of the date first above written.**

**Volunteer:** \_\_\_\_\_  
(Signature)

**Parent/Guardian (if applicable):** \_\_\_\_\_  
(Signature)

**Complete Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/ Work Phone:** \_\_\_\_\_

**Contact person in case of emergency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_