

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:

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:** _____