



Millennium Eye Center
Mentor, Empower, Care

VOLUNTEER APPLICATION

INSTRUCTIONS: The thoughtful completion of this application is an important step in being selected for a volunteer or internship position at Millennium Eye Center ("MEC"). This application is designed to help us get to know you and to gather general information about you.

TODAY'S DATE	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
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ADDRESS (complete address)	PHONE	E-MAIL
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SPECIFY THE AREA (S) FOR WHICH YOU'RE INTERESTED IN (such as Optometric Intern/Marketing Intern)

1. 2. 3.

DO YOU HAVE ANY RELATIVES OR ACQUAINTANCES EMPLOYED BY THIS CORPORATION?

Yes No

HAVE YOU EVER BEEN PLED GUILTY (OR NOLO CONTENDERE) TO A CRIMINAL CHARGE, OR OTHERWISE BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO If Yes, Explain

This will not necessarily be used against you in consideration for Volunteering opportunity.

EDUCATION

LIST SKILLS, INCLUDING COMPUTER AND OFFICE EQUIPMENT OR OTHER SKILLS OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY:

VOLUNTEER PROGRAM ACKNOWLEDGEMENT AND LIABILITY WAIVER

Upon signing and submitting this form, I understand and acknowledge that my services in regard to the above program, project or activity (“program”), are voluntary, and are rendered as a non-compensated volunteer, assigned to assist with the general activities of the program. I further understand that as a volunteer, I am not eligible for benefits such as work's comp and health insurance coverage through the practice.

I understand that occasionally program activities and training may involve overnight stay, travel to various locations and possibly physical labor, and it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and I understand that I may decline to participate in any activity at any time.

Due to the nature of some program activities, I acknowledge that despite safety precautions, my volunteer participation could involve risks such as bodily injury, illness, death or property loss and I accept those risks including those arising from travel to and from such activities and assume full responsibility for any medical costs incurred as a result of my participation.

Emergency Medical Care/Medical Costs:

In the event our volunteer program extended beyond USA to provide eye care services, you'll be given the option to decline or accept foreign travel. I understand that foreign travel may contain special risks relating to the political, social, and environmental factors of the destination country or surrounding countries, and have had the opportunity to review these risks via the U.S. State Dept's Website at: www.travel.state.gov. I agree and acknowledge that Millennium Eye Center is not responsible or liable for my health and safety. Recognizing this, however, I wish to, and hereby do, grant MEC full authority to take, or not take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in this volunteer position, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right (in the sole discretion of MEC) to place me, at my own expense, and without any further consent, in a hospital, for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment.

Liability Waiver:

Millennium Eye Center does not warrant or guarantee in any respect the physical condition of any of the equipment or vehicles that might be used in connection with the activities, nor the competency or credentials of any individual participant associated with this program. Furthermore, in consideration of the opportunity to participate in the above referred activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless MEC, staff and officers, employees, volunteers, and agents from all manner of action and actions, cause and causes of action, suits, claims, or demands of any nature, including personal injuries, damages or property loss resulting from said participation and related travel. In addition, I agree to comply with all rules applicable to my participation in my volunteer activities.

I have read and understand the foregoing, and, as necessary, have had the opportunity to have it reviewed by my guardian and/or legal counsel, and hereby agree to be bound by same.

Volunteer Signature:

Date:

Signature of Parent/Guardian:

Date:

(*This is required only for volunteer under 18 years old).

Emergency Contact Name:

Relationship:

Emergency Contact Phone #:

Email: