**TWICE AS NICE RESALE**

**Volunteer Group Program**

413 E. Oak St.

Denton, TX, 76201

Thank you for deciding to volunteer with Woman to Woman Pregnancy Resource Center (W2W)! We hope that your experience with us will empower you to be more involved in your community and educate individuals to make wise life choices. W2W has been a part of Denton’s community for over 30 years and has been providing resources and education for individuals and families. How does Volunteer Groups fit in? Our organization is volunteer driven and needs people like you, who are willing to sacrifice their leisure time and utilize it for something greater. We appreciate the time and labor your group puts into our organization so that we can impact our community together.

**Before Your Group Volunteers:**

1. Designate a point of contact (POC) and have them complete and submit the [application](#Application) at least **2 weeks** prior to potential volunteer date
2. Our [Volunteer Coordinator](#VC) will confirm date and time
3. Have all attending members print, complete, and bring [waiver](#Waiver) (All members under 18 **MUST** have parent/guardian’s signature)
4. Confirm the final attendee count with [Volunteer Coordinator](#VC) **2 days** prior to volunteer date

**On Volunteer Date:**

1. POC arrives 30 mins prior to scheduled event time for orientation
2. Group will receive a brief introduction of the organization and tour of Twice as Nice Resale (TANR)
3. Volunteers will be divided into smaller groups and given instructions for assigned projects
4. TANR staff or volunteers will be alongside group for any help or instructions
5. Event will wrap-up about 5 to 10 minutes early to share the impact made and take a group photo, if permitted

**Contact Info**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Phone** |
| Lakysha Chambers | Volunteer Coordinator | lakysha@dentonprc.org | (940) 383-3150 |

**Dress Code**

Please:

* NO Tank Tops
* NO Halter Tops
* NO Sweat Shirts/Sweat Pants
* NO Warm-ups
* NO Low Cut Jeans or Jeans with holes
* NO Low Cut Shirts, Blouses, or Tops
* NO Flip-Flops (Dressy sandals are okay while working on the sales floor)
* NO Earrings other than in the ears
* NO Nose Rings (one single inconspicuous stud may be acceptable, no hoops)
* NO Clothing that is revealing in any way
* NO T-shirts with secular slogans

**Physical Abilities:** Most tasks may require moderate to heavy lifting, carrying or moving up to 50 pounds; pulling, reaching, bending, climbing, balancing, stooping, kneeling, crouching, or crawling. If any participants have any physical or mental limitations, please notify the [Volunteer Coordinator](#VC).

**Work Conditions:** Activities may be performed in both indoor and outdoor environments; exposure to all weather conditions and under sometimes extreme weather conditions, traffic, exposure to vibrations, and noise; work on slippery or uneven surfaces, exposure to dust. Some lifting and carrying may occur. You will also be exposed to an extensive amount of public interaction. If any participants are pregnant, please provide a release from participant(s) physician indicating limitations and email to [Volunteer Coordinator](#VC).

**Volunteer Group** **Application**

Group/Organization Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Point of Contact Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Event Date**\***: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How/Where did you hear about us? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Number of Participants (max. 25)**\*\***: **\_\_\_\_\_\_\_\_\_\_**Number of Service Hours (2 hours min.): **\_\_\_\_\_­­­­­\_\_\_­\_**

Time Slots:

 9:30am - 10:30am 10:30am -1 1:30pm 11:30pm - 12:30pm

 12:30pm – 1:30pm 1:30pm – 2:30pm 2:30pm – 3:30pm

Special Accommodations: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Special Skills: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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What You Hope to Accomplish: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Additional Notes: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\* Must Submit application 2 weeks prior to Event Date**

**\*\*Estimate is sufficient, but final count must be emailed 2 days prior to volunteer date**

**Waiver and Release of Liability**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Waiver and Release of Liability (“Waiver”) is entered into on the **\_\_\_\_\_** day of **\_\_\_\_\_**, 20**\_\_\_\_\_**, by and between Crisis Pregnancy Center of Denton County (PRC), a nonprofit corporation, dba as Woman to Woman Pregnancy Resource Center (PRC), Living Choices, and Twice as Nice and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [name of participant] (“Participant”).

Participant desires to participate in any and all activities (the “activities”) on the PRC premises or as part of an off-premise PRC activity.

In consideration of being permitted to participate in the Activity, Participant agrees as follows:

I release, waive all claims against, discharge and covenant not to sue the PRC, or any of the PRC’s employees, including but not limited to officers, staff, and other employees, including directors, board members, agents representatives, or volunteers (collectively referred to herein as “PRC representatives”) with respect to my participation, including without limitation attendance at, observation of, or being otherwise involved in the activity (“participation”), whether my claim or the claim of anyone on my behalf is based on or arises out of personal injury, death, or injury to property and **whether such claim is caused by the negligence of the PRC or any of the PRC representatives.**

I assume full responsibility for any risk of bodily injury, death, or property damage due to the negligence of the PRC or any PRC representatives with respect to my participation in the activity.

I hereby authorize the PRC to use and publish (with or without my name, company name or a fictitious name) photographs, portraits, or images in any and all forms and media and in all manners for the purposes of publicity, illustration, advertising, publishing (including electronic forms such as CDs or internet) for any services of other lawful uses as may be determined by the PRC. I further waive any an d all rights to review or approve any uses of the images, any written copy of finished product.

I have read this waiver in its entirety and I understand that by signing this waiver I am releasing all future claims I may have against the PRC and any PRC representatives with respect to my participation in the activity.

I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Texas and that this waiver shall be governed by and interpreted in accordance with the laws of the state of Texas. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this waiver which shall continue to be enforceable.

Participant Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Must be a minimum of 18 years)

Parent/Guardian Signature (if minor) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**