



**Date of Application:** \_\_\_\_\_

Please send completed applications to **contact@hoosiersformedicalliberty.com**

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code:*

**Are you currently employed?** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Area of Study:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Preferred method of contact:**  Home  Cell  Text  E-Mail

**Emergency Contact:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

**Estimated Availability:**

**Monday:** Start \_\_\_\_\_ End \_\_\_\_\_ **Friday:** Start \_\_\_\_\_ End \_\_\_\_\_

**Tuesday:** Start \_\_\_\_\_ End \_\_\_\_\_ **Saturday:** Start \_\_\_\_\_ End \_\_\_\_\_

**Wednesday:** Start \_\_\_\_\_ End \_\_\_\_\_ **Sunday:** Start \_\_\_\_\_ End \_\_\_\_\_

**Thursday:** Start \_\_\_\_\_ End \_\_\_\_\_

**List Any Previous or Current Volunteer Experience:**

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

**Why do you want to serve in this position? How do you hope to benefit?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Describe your favorite Volunteer or Work Experience:**

---

---

---

---

**List the Qualifications, Skills or Talents that you bring to this Position (Singing, Event Planner, Writer, etc):**

---

---

---

---

**By submitting this application, the applicant understands and agrees to the following:**

- **This is a volunteer role, and no compensation will be provided.**
- **Medical Liberty is a sensitive topic and may become heated. All volunteers shall remain kind in interactions and follow all state and federal laws.**
- **Volunteers are not permitted to speak to media, press, or make statements on behalf of the organization. Any media or press requests should be communicated to H4ML leadership.**
- **Hoosiers for Medical Liberty is a 501c4 and the applicant understands that Hoosiers for Medical Liberty does not endorse, support, or oppose any political candidate.**
- **The applicant assumes all risk of injury or harm as a result of volunteer activities and agrees to release, indemnify, defend, and forever discharge Hoosiers for Medical Liberty and its board members from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage to the applicant.**
- **Logos, graphics, materials, and information provided for volunteer projects are only to be used under the discretion of Hoosiers for Medical Liberty and utilized in the manner they were initially intended.**
- **Hoosiers for Medical Liberty retains copyright and the ability to reproduce and distribute creative works developed and completed during volunteer activities.**
- **Hoosiers for Medical Liberty reserves the right to terminate a volunteer position for any reason.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

260-267-0098  
h4ml.org  
contact@hoosiersformedicalliberty.com



P.O. Box 9192  
Fort Wayne, Indiana 46899-9192  
501(c)(4) Non-Profit EIN 84-4653835