



# HEALTH ORIENTATION ACTIVITY FOUNDATION CORP.

A Not for Profit Corporation  
9153 SW 206 Street, Miami, FL 33189

## VOLUNTEER MEMBERSHIP APPLICATION FORM

TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

- GENERAL MEMBER (SUG. DONATION \$100 AND UP/YEAR): \_\_\_\_\_
- SUPPORT MEMBER (SUG. DONATION \$300 AND UP/YEAR): \_\_\_\_\_
- HONORARY MEMBER (SUG. DONATION \$5,000 AND UP/YEAR): \_\_\_\_\_
- OTHER: \_\_\_\_\_

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

GENDER: FEMALE \_\_\_\_ MALE \_\_\_\_ ADULT \_\_\_\_ TEENAGER \_\_\_\_ CHILDREN \_\_\_\_

LEGAL GUARDIAN'S NAME IF UNDER 21 YEARS OLD: \_\_\_\_\_

LEGAL STATUS: SINGLE \_\_\_\_ MARRIED \_\_\_\_ SEPARATED \_\_\_\_ DIVORCED \_\_\_\_ WIDOWED \_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPOKEN LANGUAGES: \_\_\_\_\_

HEALTH HISTORY (PLEASE EXPLAIN ANY CONDITION, SURGERY, ETC.): \_\_\_\_\_

FAVORITE HOBBIES: \_\_\_\_\_

WHAT WOULD YOU BE INTERESTED IN LEARNING?

EXERCISE: \_\_\_ QI GONG: \_\_\_ TAI CHI: \_\_\_ MARTIAL ARTS: \_\_\_ REIKI: \_\_\_ AROMATHERAPY: \_\_\_ YOGA: \_\_\_  
MEDITATION: \_\_\_ ACUPUNCTURE: \_\_\_ HERBAL MEDICINE: \_\_\_ CHIROPRACTIC: \_\_\_ ART: \_\_\_ MASSAGE: \_\_\_  
THERAPY: \_\_\_ SPORTS: \_\_\_ SWIMMING: \_\_\_ TENNIS: \_\_\_ DANCE: \_\_\_ MUSIC: \_\_\_ GUITAR: \_\_\_ PIANO: \_\_\_  
NUTRITION: \_\_\_ COOKING: \_\_\_ OTHER: \_\_\_\_\_

WHAT ACTIVITIES/SERVICES, IF ANY, ARE YOU INTERESTING IN RECEIVING? \_\_\_\_\_

WHAT ACTIVITIES/SERVICES, IF ANY, WOULD YOU LIKE TO PERFORM? \_\_\_\_\_

**The Health Orientation Activity Foundation Corp. (HOA Foundation Corp.)** does not discriminate against Members due to religion, gender, nationality, sexual orientation, race, color, age, political beliefs, health conditions or legal status.

**TERMS AND CONDITIONS OF MEMBERSHIP**

In consideration of membership into the HOA Foundation and other consideration, all Members of the Health Orientation Activity Foundation Corp. (the "Foundation") shall agree to the following terms and conditions of membership:

- The Foundation is a private, not-for-profit corporation that makes available to its Members certain activities and services, some of which are therapeutic,
- Any donation that a Member makes or will make is purely voluntary, and not in exchange for or as compensation for any activities or services that the Foundation makes available to Members;
- All activities and services are performed by volunteer Members of the Foundation free of charge and without any monetary or other compensation or any expectation of compensation;
- Any such activity or service is performed by volunteer Members who are not licensed or registered by any federal, state or local governmental authority to perform such activity or service;
- Members consent to receiving therapeutic treatment performed by a volunteer Member, whether or not the performing volunteer Member is licensed or registered;
- Members are not employees, agents, clients or patients of the Foundation;
- The Foundation may revoke a Member's membership for any reason and at any time, and members may cancel their membership in the Foundation at any time with written notice; revoked or canceled memberships will result in the termination of access to activities or services provided by the Foundation; and
- Members release the Foundation and its volunteer Members of any claims, injuries, damages or liabilities that currently exist or may exist in the future resulting from or arising out of any activities or services provided by the Foundation or performed by any volunteer Member, and Members agree not to institute any suit or bring legal action against the Foundation or any of its other Members for any such claims, injuries, damages or liabilities. This paragraph survives termination of membership.

***I, the undersigned Member, have read and fully understand the above Terms and Conditions of Membership and I hereby acknowledge, consent to and agree to each of the above Terms and Conditions of Membership.***

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
FULL NAME (PRINTED) SIGNATURE

----- OFFICE USE:

MEMBER ID NUMBER: \_\_\_\_\_