

# Volunteer Waiver



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Choose one:  Cell  Work  Home

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Company / Organization you are here with today: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

## Please read the following statement and then sign below:

By completing the volunteer application, I certify that the statements made on the volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Mary Rigg Neighborhood Center, and its partner, United Way of Central Indiana, from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer, nor will I be eligible for any Workers Compensation benefits. I understand that if I am under 18 years old I am required to submit a Parental Permission form (provided by Mary Rigg Neighborhood Center) prior to starting any volunteer work. Furthermore, I understand that I will not be covered by any medical nor other insurance coverage by Mary Rigg Neighborhood Center or United Way of Central Indiana.

I understand that further information may need to be obtained in order for Mary Rigg Neighborhood Center to perform a background check. Furthermore, I understand that a background check may need to be performed prior to starting any volunteer service. I understand that this information will be kept confidential.

I hereby assume complete responsibility for any injury and/or property damage that I sustain or cause during my volunteer participation. In addition, I hereby hold harmless and covenant not to file suit against Mary Rigg Neighborhood Center or United Way of Central Indiana, or any of its affiliated organizations, nor against their officers or directors, any of their employees, volunteers, partners, agents, sponsors, or board members from any and loss, liability, or claims I may have arising out of my service as a volunteer.

I further consent to the unrestricted use by Mary Rigg Neighborhood Center and/or person(s) authorized by them of any photographs, recordings, interviews, or similar visual recording of me. By signing below, I acknowledge that I have read and understand the Terms detailed above.

\_\_\_\_\_

**Volunteer Signature**

\_\_\_\_\_

**Date**

For Internal Use:

Bloomerang: \_\_\_\_\_

Website: \_\_\_\_\_

Notes:

Date: \_\_\_\_\_

Date: \_\_\_\_\_