



Individual Volunteer Release and Waiver of Liability Form

Volunteer Forms

Thank you for your interest in volunteering with Hope Ministries. Please read carefully as this is a legal document involving a release and waiver of legal rights.

Print all information. **This completed form is required upon arrival at our facility.**

Your Group Leader's Name

Scheduled Volunteer Date

Church/Organization Name

Lead Pastor's Name (church groups)

Volunteer First Name

Volunteer Last Name

_____/_____/_____
Birthdate

Volunteer Address

City

State

ZIP Code

(_____) _____ [] Home [] Cell

Volunteer (or Parent) Phone

Volunteer (or Parent) E-mail Address

***PARENT/GUARDIAN INFORMATION**

A parent or guardian must complete this section and sign this form if the person volunteering is under the age of 18. Your child is planning to serve with the group that you indicated in the information above.

Parent/Guardian First Name

Parent/Guardian Last Name

Parent/Guardian Address

City

State

ZIP Code

(_____) _____ [] Home [] Cell

Parent/Guardian Phone

Parent/Guardian E-mail Address

PLEASE READ AND SIGN BELOW:

This Volunteer Release and Waiver of Liability is executed by the undersigned Volunteer in favor of Hope Ministries, an Iowa nonprofit corporation, its directors, officers, employees, agents and affiliates (collectively, "Hope Ministries").

1. Desire to Volunteer. I, the undersigned Volunteer, desire to provide volunteer services for Hope Ministries and its constituents. I am signing this waiver freely, voluntarily and without duress, in consideration for the opportunity to volunteer for Hope Ministries. I understand this Volunteer Release and Waiver of Liability is required for volunteering for Hope Ministries.

2. Assumption of Risk. I acknowledge that there are certain risks of legal liability and injury—including illness, bodily injury, death, damages, property damage, or loss—that arise from providing volunteer services for Hope Ministries and its constituents and using Hope Ministries' facilities or equipment. I hereby expressly assume the risk of legal liability and injury arising from all volunteer activities and release Hope Ministries from all liability arising therefrom.

3. Release from Liability, Waiver of Claims for Injury and Covenant Not to Sue. I hereby release and discharge Hope Ministries from all claims for injuries, including illness, bodily injury, death, damages, property damage, or loss which may have or may in future accrue to me, my heirs or assigns, by my volunteering for Hope Ministries. I agree not to initiate a lawsuit, complaint, demand or charge against Hope Ministries based on any right or claim arising out of my volunteering for



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Hope Ministries, including but not limited to any claims of negligence against Hope Ministries. I further waive any rights to subrogate claims against Hope Ministries or any of its insurers.

4. Indemnification. I agree to defend, hold harmless, and indemnify Hope Ministries from and against all claims, accusations, notices, judgments, rulings, liabilities, and expenses that may exist in relation to my actions, inactions, errors, or omissions while providing volunteer services for Hope Ministries or its constituents.

5. No Insurance, Benefits, or Compensation by Hope. I understand I am not an employee or agent of Hope Ministries by virtue of my providing volunteer services and that Hope Ministries does not assume any responsibility for or obligation to provide me with medical, health, workers' compensation, or disability benefits or insurance by virtue of my providing volunteer services. I expressly waive any such claim for compensation or benefits against Hope Ministries.

6. Medical Treatment. I hereby release and forever discharge Hope Ministries from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time as a volunteer with Hope Ministries.

7. Volunteer Type: I am volunteering for Hope Ministries as a General Volunteer, and represent that I have been reasonably apprised of the duties involved with such services and that I am capable and competent to provide such services.

General Volunteer Services. I understand that providing general volunteer services for Hope Ministries may involve a wide range of activities that involve various risks, including, but not limited to, direct contact with persons with mental illness with potentially unpredictable behavior, lifting, carrying, moving items, driving, and using Hope Ministries facilities and equipment, among other things. If my volunteer services include food, I hereby state and affirm that I am not aware that I have Hepatitis, HIV, or any other communicable disease.

Photo Release: I hereby grant permission for Hope Ministries to use photographs, video, and/or information related to my volunteer services for purpose of publications, website, promotion, or any other use it deems necessary, including but not limited to for fundraising purposes, without compensation to me.

Illegal Drugs & Alcohol Use: If Hope Ministries' staff suspects use of illegal drugs or alcohol during your volunteer shift, you will be asked to leave. If you arrive for a volunteer shift and staff members feel your presence could act as a trigger to those we serve due to suspected recent drug or alcohol use, you will be asked to leave.

Voluntary Signature: I am signing this Volunteer Release and Waiver of Liability freely and voluntarily and without any reliance upon any representation by Hope Ministries.

Other: I agree that this Volunteer Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the Laws of the State of Iowa, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Iowa, and that proceedings arising from my volunteer services will be brought in Polk County, Iowa.

I have read and understand the above, on this ____ day of _____, 20 ____.

Volunteer Signature
(required if volunteer is 18 or older)

Name (please print)

Parent Signature (required if volunteer is under 18)

Phone