

NEW VOLUNTEER WAIVER



This waiver should only be completed prior to your first time volunteering with Matthew 25: Ministries.

I, _____, in consideration of my participation in volunteering at Matthew 25: Ministries, represent and agree that:

- 1. It is my desire to further the work of Matthew 25: Ministries by performing services as a volunteer. As a volunteer, I understand that I am not an employee of Matthew 25: Ministries and I understand this role does not include compensation or payment of any kind.*
- 2. I am prepared physically, emotionally, mentally and spiritually for this volunteer experience. I will be flexible and have a servant attitude.*
- 3. I understand that all supplies, materials, property, and products – including all items donated to Matthew 25: Ministries – are for the purpose of helping those in need and may not be damaged or removed from company premises.*
- 4. I confirm that I have not been convicted of any crime involving a sex offense or any felony. If I am convicted of such a crime in the future, I will inform Matthew 25: Ministries prior to returning to volunteer.*
- 5. I grant to any of the Matthew 25: Ministries leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during my volunteer experience. I will follow the suggestions made on my behalf.*
- 6. I hereby grant any of the Matthew 25: Ministries leaders or their contracted agents my permission to authorize emergency medical treatment and medication on my behalf. I will not hold any of the Matthew 25: Ministries leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.*
- 7. I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I accept these conditions with full awareness and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.*
- 8. I am aware that my actions, whether directed by Matthew 25: Ministries leaders or otherwise, expose me personally to liabilities and possible litigation. I accept this risk and understand that Matthew 25: Ministries is not responsible for defending or indemnifying me for claims or allegations brought against me. I certify that I have in place adequate insurance protection which includes a homeowners or tenant policy that provides personal liability protection.*
- 9. I grant permission to Matthew 25: Ministries to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio or video in publications, social media or other media material used, produced, or contracted by Matthew 25: Ministries. I understand that I will not receive payment or other compensation for the use of my image or recording.*
- 10. I understand that Matthew 25: Ministries reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by Matthew 25: Ministries.*

11. I waive any and all claims for damages against Matthew 25: Ministries or Matthew 25: Ministries leaders arising from death, injury, illness, inconvenience, or in property damage or loss for any reason including but not limited to any negligent act or acts of Matthew 25: Ministries or Matthew 25: Ministries leaders which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

12. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Ohio. Venue for any action hereunder shall be in Hamilton County, of the State of Ohio.

Name of Participant (Please Print) _____

Total Hours Volunteering Today (per family member) _____ 1st Shift Vol 2nd Shift Vol

Home Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Participant Signature _____ Date _____

Parent/Guardian signature (if under 18) _____ Date _____

Minor dependents included on this waiver: _____

FOR STAFF USE ONLY

Date received:

Staff initials:

ID#:

Volunteer Type: Walk-In Group Volunteer Group Name _____