



Beyond Housing

Volunteer Release Form

- 1. Release:** I understand that I am volunteering my services to Beyond Housing. I further understand that the nature of my volunteer activities may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various unspecified locations, and other potential risks of injury. With full knowledge of the risks associated with such volunteer activities, I hereby release, indemnify and hold harmless Beyond Housing and each of their respective employees, officers, directors, volunteers, agents, agencies and funding sources from all liability and responsibility pertaining to any claims, demands and actions resulting from my participation in such volunteer activities, including claims, demands and actions resulting from injuries, physical or mental, or property damage (including any injury or damage caused by negligence). The foregoing also includes any liability to anyone transporting me to or from any Beyond Housing activity.
- 2. Medical Treatment:** I release Beyond Housing from any claims whatsoever which arise or may hereafter arise as a result of any first aid, treatment of service rendered in connection with my participation as a volunteer or with the decision by any representative of Beyond Housing to exercise the power to consent to medical or dental treatment.
- 3. Photos:** I grant Beyond Housing permission to utilize my likeness in any photographs or videos for publicity and other purposes without fee or any claim relating to such photographs or videos.

PLEASE PRINT CLEARLY

Print your full name: _____

Check One: Group Volunteer Individual Volunteer

Group Name: _____

Volunteers who will be working with children **must** first pass a background check.

Do you give us permission to perform a background check? Yes No

Do you have any medical conditions that we should be aware of? Yes No

Please list: _____

Do you react strongly to poison ivy, insect bites or bee stings? Yes No

Emergency Contact: _____ Phone: _____

You MUST sign this form to be eligible for Volunteer Service with Beyond Housing.

Volunteer's Signature: _____

Date of Birth: _____

Home Address: _____

City: _____

State: _____

Zip: _____

THIS FORM MUST HAVE A SECOND SIGNATURE. If the volunteer is under age 18, signature of Parent or Legal Guardian is required. If the volunteer is age 18 or over, signature of Witness is required.

Check One: Parent/Legal Guardian for Volunteer under 18 years of age
 Witness for Volunteer 18 years of age or older

Signature: _____ Date: _____

We maintain a distribution list of volunteer opportunities.

Would you like to receive information about other volunteer opportunities via e-mail?

Yes No

E-mail address: _____ Phone: _____

Volunteers and their crews are vital to the work we do. From the families and the staff at Beyond Housing, thank you very much!