

Spirit of Service 2024 Volunteer Waiver

Name _____ Company _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Name: _____ Phone: _____

WAIVER & RELEASE: The Volunteer desires to work as a volunteer for United Way's Spirit of Service and is aware of the wide range of activities associated with volunteering for Spirit of Service and has made a voluntary choice to engage in these activities. The Volunteer does hereby freely, voluntarily, and without duress agree to this statement.

☐ I agree with the Waiver and Release Statement

MEDICAL TREATMENT: In consideration of being permitted to participate in Spirit of Service, Volunteer agrees to release and forever discharge and hold harmless the United Way, its successors, and assigns, collectively or individually, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work as part of Spirit of Service. This includes all work being undertaken at any project site including but not limited to, United Way member agencies, other non-profit organizations, residents who are having work undertaken at their private homes, and any other party having a legal interest in the property on which Spirit of Service projects/events take place. Volunteer acknowledges that this Release forever discharges United Way from any and all liability, claim, or cause of action that the Volunteer may have against United Way with respect to any bodily injury, personal injury, illness, loss, death, or damage to personal property that may result directly or indirectly from Volunteer's work relating to Spirit of Service. Volunteer also acknowledges that United Way does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer arising from Spirit of Service.

☐ I agree with the Medical Treatment Statement

ASSUMPTION OF RISK: Except as otherwise agreed to by United Way in writing, Volunteer does hereby release and forever discharge United Way from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, medical care or service rendered in connection with the Volunteer's work relating to the Spirit of Service. The Volunteer acknowledges that the work undertaken as part of the Spirit of Service may include activities that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases United Way from any and all liability for injury, illness, death or property damage resulting from the Volunteer's activities relating to the Spirit of Service.

☐ I agree with the Assumption of Risk Statement

INSURANCE: The Volunteer acknowledges that United Way does not carry or maintain health, medical, or disability insurance coverage for any volunteer. EACH VOLUNTEER IS ENCOURAGED TO OBTAIN HIS OR HER OWN MEDICAL AND/OR HEALTH INSURANCE COVERAGE.

☐ I agree with the Insurance Statement

PHOTOGRAPHY RELEASE: The volunteer agrees to and permits United Way to take photographic images and video and audio recordings of him/her during his/her work relating to the Spirit of Service. Volunteer also grants and conveys to United Way all rights, titles, and interests in said photographic images and video and audio recordings, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer further consents to and authorizes United Way to use and reproduce said photographic images, video, and audio recordings and to circulate and publicize the same by all means, including but not limited to, newspapers and other print media, television media, brochures, pamphlets, marketing materials, and websites.

☐ I agree with the Photography Release Statement

CONFIDENTIALITY: I may have access to the resident's confidential information. At all times during and after my participation, I agree to hold any such confidential information in confidence and not disclose or use it except as expressly authorized. As a volunteer, respecting the residents' privacy is extremely important.

☐ I agree with the Confidentiality Statement

SAFETY EQUIPMENT and ATTIRE: Volunteers are expected to dress appropriately for the job they are assigned. They are expected to have safety equipment or use the safety equipment provided. Volunteers will use gloves, and safety goggles, and wear close-toed shoes, as examples to keep themselves safe while they complete their volunteer duties for Spirit of Service.

All volunteers will wear the Spirit of Service T-shirt supplied by United Way. Wearing the same shirt creates a team and helps the homeowner, community, and news stations identify who the volunteers are.

☐ I agree that I will wear all safety equipment required for the job I am completing.

☐ I agree I will wear the Spirit of Service t-shirt supplied to me by United Way.

Volunteer Signature

Date