**VOLUNTEER AGREEMENT AND RELEASE FORM**

1. **Voluntary Participation:** I acknowledge that I have voluntarily applied to assist with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(herebyreferred to as “Host”).** I understand as a volunteer that I will not be paid for my services.

2. **Release:**I hereby agree that I, my guardians, and legal representatives, will not make a claim against Host, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in this project. I further consent to the unrestricted use by Host and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

3. **Insurance:** I understand that Host may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may provide such insurance, Host does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so.

4. **Medical Treatment:**  Except as otherwise agreed to by Host in writing, I hereby release and forever discharge Host from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with any project or event sponsored or managed by Host.

5. **Assumption of Risk:**  I understand that my participation with Host may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Host from all liability for injury, illness, death, and/or property damage that may result.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Address**

**Email Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or guardian, Print Name**

**Volunteer less than 18 years of age**

VOLUNTEER SIGN UP FORM

Day of Caring is a one-day event where volunteers across Franklin County help non-profit organizations with a variety of projects. The day will start with REGISTRATION then volunteers will spread out to projects to begin their service. Join us for a great day of community service!

To sign up, for a Day of Caring project, please complete the information below. You will be assigned a project at a later date. Please return the completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_**

**Name of group :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**number of volunteers \_\_\_\_\_\_\_\_\_**

**Children Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ages\_\_\_\_\_\_\_**

**Total Number of volunteers from your household\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Please indicate any special skills, interests or needs below

* Special Skill/Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Special Needs/Limitations (wheelchair, allergy, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any equipment that can be used during Day of Caring?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Can you pick up materials for your project?
* Please check which type(s) of project(s) you would be interested in. (Check all that apply.)

**Outdoor Work: Indoor Work:**

* Painting Cleaning
* Carpentry
* Landscaping/Gardening