



VOLUNTEER WAIVER

Thank you for your interest in the Edwards Center volunteer program. Through the efforts of many volunteers like you, we can keep our commitment of a "Lifetime of Hope," to our residents and participants.

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Edwards Center, Inc. (dba Edwards Center), a nonprofit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Edwards Center, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Edwards Center, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim, or suit arising therefrom.

I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the preceding terms and conditions of this release.

I understand and agree that my volunteer work with Edwards Center does not make me an employee. This means I am not entitled to any compensation or any employment related benefits such as health care, vacation, or workers compensation insurance. I also understand and agree that I will not be performing any work that is currently, or may be in the future, performed by an Edwards Center employee.

I consent to receive any medical treatment that is deemed advisable and necessary in the event of an illness, injury or accident while performing my volunteer duties. I release and forever discharge Edwards Center from any claim that may arise and is connected to a result of such first aid, treatment or services rendered.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent abuse or neglect, pornography, kidnapping, rape, or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby grant Edwards Center, Inc. the irrevocable right to use forever any film, videotape, audiotape, photographs, slides, or a combination thereof) for inclusion in any promotional or advertising purposes, and I agree to appear without pay.

Volunteer Name (print):

Volunteer Signature:

Date:

VOLUNTEER APPLICATION



Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell Home Work Phone: _____

Email: _____

Does your employer match contributions or contribute money for volunteers? Yes No

Would you like to be notified of last minute volunteer opportunities? Yes No

How did you hear about us?

Please list your skills and interests:

What are the best times and day(s) for you to volunteer?

