



Group or One-Time Volunteer Information and Release Form

DATE OF VOLUNTEER PROJECT: _____

Application valid for one (1) year from date completed.

Please print clearly. All information is required.

GROUP INFORMATION

Group/Church: _____ Group Leader's Name: _____

If Church Group, please include name of Pastor: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home/Cell #: _____ Work #: _____

Email Address: _____ Are you 18 years of age or older? Y / N

Person to contact in case of emergency:

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Please note any medical information that would be helpful to the doctor/hospital should you need emergency attention:

How did you hear about us?

RELEASE AND WAIVER OF LIABILITY

In consideration of the participation of helping High Plains Helping Hands (HPHH), the undersigned (volunteer) hereby agrees to donate and offer his/her personal services and labor, free of charge, to High Plains Helping Hands. Volunteer understands and agrees that they are not an employee of HPHH and are not entitled to any wages and/or benefits associated with their services.

Volunteer acknowledges and understands that the activities include work that may be hazardous to the Volunteer, including but not limited to, construction, loading and unloading, and transportation to and from any work sites.

Volunteer further agrees, on behalf of himself/herself and on behalf of his/her heirs, assigns, trustees, receivers, administrators, executors and agents to release and forever discharge HPHH, their directors, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons or entities whomsoever (HPHH), of and from any and all actions, claims, and demands, known or unknown, which Volunteer has or may have in the future arising out of volunteering for HPHH. Additionally, Volunteer specifically releases any subrogation rights that might arise.

Volunteer understand that this Release discharges HPHH for any liability or claim that the Volunteer may have against HPHH with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's activities with HPHH whether cause by the negligence of HPHH or its officers, directors, employees, or agents or otherwise. Volunteer understands that HPHH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Volunteer does hereby release and forever discharges and holds harmless HPHH and its successors and assigns from any liability or claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with HPHH.

Volunteer does hereby grant and convey unto HPHH all right, title and interest in any and all photographic images and video or audio recordings made by HPHH during the Volunteer's work for HPHH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

The undersigned acknowledges that he/she has read this Release and understands that this Release may be pled as a complete bar and defense to any action or other proceedings instituted or filed by Volunteer on account of any matter contained herein.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer Responsibility

If for any reason I believe that my working as a volunteer for HPHH might endanger myself or others, or I have knowledge of or suspect any dishonest, deceptive, illegal or unethical activities, I must report this to the Volunteer Coordinator or Executive Director immediately at this site, and the HPHH employee overseeing the volunteer activity. This might include, among other things, improper use of agency property, communicable diseases, physical impairments, and medication (prescription and/or otherwise that might impair judgment). I am volunteering for HPHH at my own risk. If I encounter an injured person, I should not attempt to provide medical attention to the person, unless I am a licensed medical professional. I must notify the person listed below immediately.

Volunteer Coordinator: Dianna Frazier _____ Date: _____
Signature of Volunteer: _____ Date: _____

In the event that that the above volunteer is less than eighteen (18) years old, this Release must be executed by said minor's parent or legal guardian.

Signature of Guardian/Parent: _____ Date: _____