VOLUNTEER AFFIDAVIT AND RELEASE FROM LIABILITY

- I, the undersigned, have to the best of my knowledge, accurately and truthfully completed this application. I have reviewed and understand the requirements for the volunteer option (Friend of Mission, Church Partner, Volunteer Staff) I am applying for. I agree to serve under the authority, supervision, standards, procedures and instructions of Bridge Street Mission staff during my volunteer service.
- 2. I understand that submitting this application does not yet imply any commitment on my behalf or on behalf of Bridge Street Mission. I acknowledge that volunteer service at Bridge Street Mission is an at will arrangement, and I am free to resign at any time, for any reason, with or without notice. Similarly, I acknowledge that Bridge Street Mission is free to conclude my volunteer service at any time, for any or no reason, with or without notice.
- 3. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
- 4. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.
- 5. As consideration for volunteering for Bridge Street Mission, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Bridge Street Mission or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Bridge Street Mission resulting from the application, interview or service experiences. I HEREBY RELEASE AND DISCHARGE BRIDGE STREET MISSION AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
- I authorize Bridge Street Mission to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that Bridge Street Mission's Workers Compensation coverage is only available to cover what my insurance does not cover.

- 7. I understand that the materials and tools provided by Bridge Street Mission are and remain the property of Bridge Street Mission, and I agree to return these tools and any remaining materials to Bridge Street Mission at the end of my volunteer service.
- 8. I hereby irrevocably consent to and authorize the use and reproduction by Bridge Street Mission, or anyone authorized by Bridge Street Mission, of any and all interviews, written letters, articles, videotapes or photographs taken of me for the purpose of promoting the ministry of Bridge Street Mission without compensation to me. It is understood that all the above become property of Bridge Street Mission or anyone authorized by Bridge Street Mission solely and completely.
- 9. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date

Volunteer Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature

Printed Name