



First Presbyterian Church Baton Rouge
May 26 – June 1

Arrival: Sunday by 5:00pm

Serving Days: Monday, Tuesday, Wednesday, Thursday

Free Day: Friday

Departure: Saturday by 8:00am (Grab n go breakfast provided!)

Address:

Canterbury Retreat and Conference Center
1601 Alafaya Trail
Oviedo, FL 32765

Information, Schedule and What to Bring:

Housing:

Your group will be staying in rooms that sleep 3-4 people per room and each is equipped with a bathroom and shower. We will do our best to house girls and guys in separate buildings. Please make sure to send us your guy/girl count (include leaders) at least one week prior to your arrival.

Meals:

All meals are served in the main building cafeteria style. The food is wonderful, so expect a great selection, including a hot breakfast most mornings. During the days you are serving, your group will make their lunches prior to leaving for the day. Lunch will include PBJ or a deli sandwich, fruit, chips and a dessert. We will provide everything you need, including coolers with ice packs, but please bring a water bottle! And of course, please let us know if there are any diet restrictions and allergies at least 2 weeks prior to your arrival.

Daily Schedule Monday – Thursday:

Wake up, breakfast, pack lunches
Travel to first work site
Lunch at a local park
Travel to second work site
Return to Canterbury for free time
Dinner
Church group time
Lights out!

Quiet Time and Church Family Time:

Each morning (or the time determined by the group leader) all students and leaders will be able to spend time with the Lord. There is a reason why you are here and we want to create a space for you to grow, listen and learn more about God. You will experience a lot this week and it's important that you have time alone with God as well as time with your church family each evening. We will provide you with Quiet Time guides!

Work Sites:

Your schedule has been carefully planned so that the work you do each day is helping the organization and making an impact on the community. We will provide each leader with contact information, as well as background information for each work site so that you know where you are going and what you will be doing there.

Wednesday Night Out:

Groups are encouraged to take a mid-week break and go out for dinner. We are happy to provide ideas of great local places to eat and other fun options, like City Walk and Disney Springs.

Friday Day Off:

After a long week of serving, groups are given a well-deserved day off! There are plenty of options within the Theme Park area, as well as non-Disney ideas. Also, beaches are less than an hour away!

Clean up and Check Out Procedures:

On the morning of your departure, groups will be asked to please clean up trash in their rooms and take it to the dumpster. Also, please strip the beds. This helps us get ready for other groups arriving!

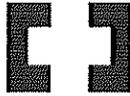
Packing Checklist

What to Bring

- Bible
- Personal medicine/ epi pen or inhaler if needed
- Bath towels and a beach towel in case your group has time to swim
- Clothes for the week. Make sure to have shorts and t-shirts with sleeves for work sites. No tank tops or shorts that are too short, please.
- Tennis shoes for work sites
- Swimsuit
- Soap, shampoo, toothbrush, toothpaste, etc
- Other necessities

Optional Items

- Frisbee, games, cards, reading material, etc.
- Spending money (for day off activity)
- Sunglasses



**CHRISTIAN
SERVICE CENTER**

VOLUNTEER REGISTRATION FORM

Thank you for serving as a faithful Christian Service Center volunteer and making a difference in our community! On behalf of the clients we serve, we are honored that you are here and we are committed to making your experience a meaningful one. Prior to volunteering, please complete the following information.

Name: _____

If under 18 years of age, name of legal guardian: _____

Group/Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Facebook Name: _____ Twitter Name: _____

Daytime/Cell Phone Number: _____

Emergency Contact Name & Number: _____

Have you ever been charged with a felony offense? If so, please explain:

Have you received assistance from the Christian Service Center in the past 12 months? If so, please explain what type of assistance you received:

Do you have any health concerns that prevent you from lifting over 10 lbs.?

How did you learn about the Christian Service Center?

-WHERE FAITHFUL HANDS SERVE NEIGHBORS IN NEED

**Christian Service Center for Central Florida, Inc.
Volunteer Release and Waiver of Liability**

This release and Waiver of Liability (the "Release") executed on this _____ day of _____, by _____ (the "Participant") in favor of **THE CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, INC.**, a non-profit corporation organized and existing under the laws of the State of Florida, USA, its directors, officers, employees, volunteers and agents (collectively, "The Christian Service Center for Central Florida, Inc hereafter known as CSC.").

I, the Participant, desire to volunteer with CSC to provide and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel; transportation in my own or CSC-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working with other volunteers and CSC staff, hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. Waiver and Release. I, the Participant, release and forever discharge and hold harmless CSC from any claim or liability that I, the Participant, may have against CSC with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in these volunteer activities. I also understand that CSC does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance. CSC does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A CSC VOLUNTEER.**

3. Medical Treatment. Except as otherwise agreed to by CSC in writing, I hereby release and forever discharge CSC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with CSC.

4. Assumption of Risk. I understand that my time with CSC may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from pick up/drop off sites and I recognize and understand that my time with CSC may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release CSC from all liability for injury, illness, death or property damage resulting from the activities of my time with CSC.

5. Photographic Release. I grant and convey unto CSC all right, title and interest in any and all photographic images and video or audio recordings made by CSC during my work for CSC, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6. Other. I understand that it is my desire to further the work CSC by performing services as a Volunteer, specifically as a Volunteer with CSC. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of CSC.

To express my understanding of this Release, I sign here with a witness.

Participant Name (please print):

Signature: _____ **Date:** _____

Witness Name (please print):

Signature: _____ **Date:** _____



VOLUNTEER RESPONSIBILITIES & GUIDELINES

As a Christian Service Center volunteer, you are representing the agency to our community and to our clients. We greatly appreciate your being here and it is important that you hold yourself to high standards during your time of service. Please adhere to the following responsibilities, guidelines and expectations.

1. Volunteers are expected to fulfill their time commitments and communicate any changes directly to the volunteer coordinator prior to the expected time of service.
2. Volunteers should sign in and out each and every time they serve, properly documenting their hours.
3. Volunteers should wear an identification badge at all times while on campus.
4. All volunteers should inquire about appropriate attire prior to arrival at the Christian Service Center and dress accordingly. The Christian Service Center is not responsible for providing clothing for volunteers.
5. It is important that all volunteers maintain a positive and helpful attitude toward fellow volunteers, staff members, clients and visitors. The Christian Service Center is an environment where everyone should have a safe and pleasant experience and you are a key ingredient to this success! Due to the nature of this ministry, volunteers are likely to encounter uncomfortable experiences and/or conversations. In this scenario, it is important to maintain a supportive and respectful demeanor.
6. Honesty and integrity are expected through the words and actions of all volunteers. Never give false or misleading information. If you are unsure of something, do not be afraid to say so! Volunteers should strive to be well informed but never afraid to ask questions.
7. Volunteers who are exposed to confidential information including [but not limited to] crime incidents, accident reports and personal client information should not discuss this information outside the context of their volunteer role. Questions that arise which might breach confidentiality should be referred directly to a Christian Service Center staff member.
8. Volunteers are serving as representatives of the Christian Service Center and should not publically argue or discuss points of dissention during their time of service. The volunteer coordinator is happy to discuss any concerns prior to or after the time of service.
9. In order to offer optimal and fair service to our clients, there shall be **no** overlapping between clients and volunteers. If you are seeking services or assistance, you are serving as a client and may not serve as a volunteer simultaneously. As a volunteer, under no circumstance should you receive a reward, payment, handout or tangible benefit from your volunteer service. Use of Christian Service Center property, donated items or equipment [or acceptance of gratitude from the public] for personal benefit is not permitted.
10. All volunteers should take safety seriously during their time of service and strive to set a responsible example. Prior to serving, it is recommended that volunteers become familiar with their workspace and anticipate any potential hazards. Volunteers should notify the volunteer coordinator of any physical limitations or health risks prior to serving.
11. In case of a medical emergency, volunteers should comply with all posted safety standards and procedures and assist at the scene with first aid ONLY they are qualified to perform. Volunteers are not considered employees or agents of the Christian Service Center and therefore are not eligible for worker's compensations or medical insurance. The Christian Service Center is not responsible and will not be held liable for any accidents that take place during volunteer service. All accidents, however, should be reported to the volunteer coordinator immediately.

I have read and agree to the aforementioned volunteer responsibilities, guidelines and expectations.

Participant Name (please print): _____

Signature: _____ **Date:** _____
(If under 18, legal guardian signature)

Today's Date: ____ / ____ / ____

Contact Information

This information remains confidential and is important for reporting volunteer statistics.

First Name Last Name

____ / ____ / ____
Date of Birth

E-Mail Address

Mailing Address

City State Zip

Primary Phone Number

Emergency Contact

Name Phone Relationship

Medical Information

Please list any medical conditions, food allergies and/or dietary restrictions that our staff needs to know about:

Personal Information optional (please circle)

Gender: Female Male
Ethnicity: African American/ Black
Asian/Pacific Island
Caucasian/White
Hispanic/Latino
Native American _____
Other

Marital Status: Single Married

Highest Level of School Completed:

Some High School
High School/GED
Trade School
Some College
Undergrad Degree
Graduate Degree

Volunteer Information (please circle)

Type: Individual Group

Group Name

ACKNOWLEDGEMENT & ASSUMPTION OF RISKS

Clean The World Foundation, Inc. is a Florida-based 501 (c)3 nonprofit organization and the charitable arm of Clean the World Global LCC (both organization hereof referred to as "Clean the World"). Clean the World Foundation, Inc. is committed to reducing the waste created by discarded soap and shampoo products and preventing the millions of deaths caused by hygiene-related illnesses around the world. **The Clean The World activities in which I am involved (the "Clean the World Activities") may involve significant risks, hazards, and/or dangers, some of which are inherent in the activities and cannot be eliminated or reduced (collectively, "Risks"). These Risks can cause many kinds of injury and/or loss, including but not limited to loss of property, damage to property, personal injury, illness, physical, mental or emotional trauma, disability and/or death (collectively, "Injury"). I understand that Clean The World does not want to frighten me or reduce my enthusiasm for the Clean The World Activities, but believes that it is important for me to be informed of the Risks of Injury.**

The Risks include, without limitation:

- Working in dangerous circumstances, with limited access to medical care and proper sanitation.
- Working with dangerous equipment, which may break, fail, malfunction, or otherwise cause Injuries.
- Clean The World and any and all of its employees, volunteers, board members, contractors, partners, donors, and associates ("Clean The World Personnel"), many of whom are untrained volunteers, must make various judgments and decisions as they conduct the Clean The World Activities in changing outdoor and indoor environments. These judgments are, by their nature, imprecise and subject to error. Consequently, there are risks involved in such decision making and conduct, including, without limitation, the risk that Clean The World Personnel or other volunteers may misjudge Participant's ability or preparedness to perform a given task, or may misjudge weather, terrain, water and/or river level, or may misjudge the necessity or propriety of medical treatment or lack thereof.
- The potential exists that Participant, Clean The World Personnel, other Clean The World volunteers, or third parties (e.g. rescue squad, hospital) may act carelessly, recklessly or generally fail to exercise due care.
- Clean The World Activities may take place in remote places, at a significant distance from medical facilities, where communication and transportation are difficult and where evacuation and medical care may be substandard or delayed.
- Such other risks, hazards, and dangers that are generally associated with volunteer relief work in the context of natural disasters, both during and before or after normal work/volunteering hours.

These and other hazards and dangers may result in Injury to Participant, which includes without limitation, falling, being struck, dismembered or crushed, colliding with objects or people, experiencing vehicle collisions, being injured or sickened by machinery, objects, animals, water, mold, or people (collectively, "Injury").

I understand that the above description of Risks and Injuries is not complete and that other unknown or unanticipated risks, hazards, and dangers may result in Injury or other loss. I acknowledge that participating in the Clean The World Activities may require a degree of skill and knowledge different from other activities and that I have responsibilities as a Participant. I warrant that I have no mental or physical problems or limitations that might compromise or affect my ability to participate in Clean The World Activities, and I represent that I am fully capable of participating in these activities without causing harm to others or myself. I acknowledge that Clean The World and Clean The World Personnel are, and have been available, to answer any and all questions I may have had about the nature and physical demands of these activities and the risks, hazards, and dangers associated with these activities. I understand that presence of any Clean The World Personnel is no assurance of my safety or any lessening of the Risks, and I nonetheless undertake to participate in the Clean The World.

My participation in the Clean The World Activities is purely voluntary and I choose to participate in spite of and with knowledge of the Risks. Therefore, in exchange for being allowed to participate in the Clean The World Activities, I assume and accept full responsibility for myself, for those Risks identified here and for those risks not identified, and for all Injury, death, property loss or expenses suffered by myself or by any third party arising out of those Risks and/or my own negligence or (to the extent allowed by applicable law) the negligence of Clean The World or others.

RELEASE & INDEMNITY

I hereby agree, on behalf of myself and my children, heirs, executors, administrators and representatives, to the fullest extent allowed by applicable law, to release, indemnify and defend Clean The World and Clean The World Personnel with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorneys fees) made or brought by anyone, including myself, any co-Participant, volunteer, third party, or any members of my family arising out of any injury, damage, death, or other loss in any way connected with my participation in Clean The World Activities or use of Clean The World equipment or facilities. This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of Clean The World or Clean The World Personnel. I agree to waive all claims against Clean The World or Clean The World Personnel, whether legal or equitable, and I agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against Clean The World or Clean The World Personnel as a result of any injury, damage, death or other loss.

I agree that this and all other aspects of my relationship with Clean The World are governed by Florida law. Further, any mediation, suit, or other proceeding arising out of or relating to my participation in Clean The World Activities, must be filed exclusively in the State of Florida, and Florida law shall apply. I agree to settle any dispute that cannot be settled by discussion through mediation before a mutually acceptable Florida mediator. I also agree that if I, or someone on my behalf, asserts(s) a claim or file(s) a suit against Clean The World or Clean The World Personnel, I will pay all costs and attorney's fees incurred by Clean The World in defending that claim or suit, if the claim or suit is withdrawn or dismissed, or to the extent a court determines that Clean The World and/or Clean The World Personnel is not responsible for the injury or loss.

While I agree that Clean The World has no responsibility to provide medical care to me and makes no offer to do so, I authorize Clean The World Personnel, should they deem it necessary, to obtain or provide such medical care for me as they deem appropriate, and/or to transport me to a medical facility should they deem it appropriate. I further authorize Clean The World Personnel or any medical personnel to render such treatment they deem necessary for my health. I further agree to pay all costs associated with such care or evacuation whether or not authorized by me. Without limiting any of the foregoing, I expressly waive any claims that I or anyone on my behalf may make against Clean The World or Clean The World Personnel with regard to medical care and the provision or failure to provide such care.

PHOTO RELEASE

I hereby authorize and consent that Clean The World may copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound records or any part thereof, that they may have taken or made of me in which I may be included in whole or in part, whether separate from or in connection with illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect.

I have carefully read this document, I understand it, and I voluntarily sign it and acknowledge that it shall be effective and legally binding upon myself, my family, heirs, executors, representatives and estate, and that no oral representatives, statements or inducements apart from this Release have been made to me.

Last revised on 11/17/16

Participant Signature:	Date:
Parent/Guardian Name if Under 18 Years Old:	Parent/Guardian Signature if Under 18 Years Old:



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize **ORLANDO UNION RESCUE MISSION** or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ **SSN:** _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB is optional and is only used for identification purposes in screening inquiries*

Best Telephone Contact #*: (____) _____ Email Address*: _____

**These will only be used by SingleSource if further information is required to complete your report*

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____
from to

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____ DATE: ____/____/____

If you are a resident of **California, Minnesota, New York, Oklahoma** or **Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:

YES - please provide report copy in accordance with applicable law- _____ (please initial)

For Orlando Union Rescue Mission Office Use ONLY

Please log in to www.singlesourceservices.com to enter subject for screening(s).

SingleSource Services 1-800-713-3412

Client Reference: _____

Date Requested: _____



Volunteer Ministry Group Application

"For we are God's workmanship, created in Christ Jesus, to do good works, which God prepared in advance for us to do." Ephesians 2:10

_____	Rec'd by
_____	Date Entered

GROUP INFORMATION

Date _____

Group Name			
Size of Group			
Group Description & Goals			

GROUP LEADER INFORMATION

Name				
Address				
City		State		Zip
Phone		Alt Phone		
Email				

SECONDARY/CO-LEADER INFORMATION (if applicable)

Name				
Address				
City		State		Zip
Phone		Alt Phone		
Email				

Are any members of your group under the age of 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the age range of members in your group?		

**The minimum age to serve in most departments at the Orlando Union Rescue Mission is 16. Youth groups are encouraged to serve, but must have a ratio of 10 youths to 1 adult leader. Volunteers between the ages of 5 and 15 must be accompanied by an adult.*

ADDITIONAL INFORMATION

How did you hear about the Orlando Union Rescue Mission?	
Why would your group like to volunteer at OURM?	
What special skills, expertise and experience can your group offer?	

SCHEDULE INFORMATION (mark all that apply)

Day Availability	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Time Availability	<input type="checkbox"/> AM <input type="checkbox"/> PM						
Frequency	<input type="checkbox"/> One time		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	Other		

What areas are you MOST interested in serving (mark all that apply)?

<input type="checkbox"/> Administrative	<input type="checkbox"/> Bargain Store	<input type="checkbox"/> Adult High School Tutor	<input type="checkbox"/> Youth Learning Center Tutor
<input type="checkbox"/> Grounds Work	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Small Group Leader*	<input type="checkbox"/> Sunday School*
<input type="checkbox"/> Meal Service	<input type="checkbox"/> Thank You Calls	<input type="checkbox"/> Early Learning Center	<input type="checkbox"/> Men's Center
<input type="checkbox"/> Special Events	<input type="checkbox"/> Friday Night Family Nights	<input type="checkbox"/> Prayer Partner	<input type="checkbox"/> Gym/ Recreation time

YES! I would like to receive updates from the Mission:

Please add me to your mailing list. Please add me to your email list.

MISCELLANEOUS INFORMATION

*Because the Orlando Union Rescue Mission is a faith-based organization, some volunteer opportunities (i.e. teaching, one-on-one contact with OURM guests...) require that the volunteer be in agreement with the Orlando Union Rescue Mission's Statement of Faith:

We believe the Bible to be the inspired, infallible, ultimate authoritative Word of God.

We believe there is one God, eternally existing as Father, Son and Holy Spirit.

We believe that the Lord Jesus Christ is deity, that He was born of a virgin, that we are redeemed by His atoning death through His shed blood, that He bodily resurrected and ascended into Heaven, and that He will come again in power and great glory.

We believe that men are saved through a direct, personal encounter with the risen Lord, at which time they are regenerated by the Holy Spirit. This event we hold to be an experience, rather than a doctrinal supposition.

We believe in the present ministry of the Holy Spirit, by whom Christ indwells each believer enabling him to live a godly life of obedience as he reaches for maturity.

We believe the Holy Spirit unites all true believers in the Lord Jesus Christ and that together they form one body, the church.

GROUP LEADER - PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I understand that completing this application does not ensure my/my group's placement as a volunteer at the Orlando Union Rescue Mission. Should I be accepted as a volunteer, I understand that my services are considered at-will meaning either I or the Orlando Union Rescue Mission may terminate this relationship with or without cause at any time. Additionally, as a volunteer of the Orlando Union Rescue Mission, I understand that I am not paid for my services and agree to abide by all policies/procedures of the Orlando Union Rescue Mission.

I also agree to respect the privacy and anonymity of the residents of the Orlando Union Rescue Mission. I understand that my group is not permitted to take any photographs, videos, recordings, etc. of any guests at OURM without prior written approval from OURM's Development Department.

I understand and agree to assume inherent risks involved in any and all duties I perform in a volunteer capacity on behalf of or in connection with the Orlando Union Rescue Mission. I agree to hold the Orlando Union Rescue Mission harmless for any injury/injuries, loss or damages which I might sustain during the course of my volunteer duties. This waiver includes myself, my group, family members and descendants.

Signature: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION VIA

Mail: Orlando Union Rescue Mission **Fax:** 407-425-7510
ATTN: Volunteer Department
1521 W. Washington Street
Orlando, FL 32805

Email: Linda.Roscoe@ourm.org

**If you have any questions regarding this form, please contact
Linda Roscoe- Volunteer Services Coordinator at 407-422-4855 ext. 1109.**



Volunteer Work Agreement Waiver

As a volunteer of United Against Poverty, I hereby agree to hold harmless and waive any and all claims or causes of action against United Against Poverty arising out of any cause whatsoever, including but not limited to claims arising out of negligence or intentional conduct of its employees or agents.

I attest that I am physically fit and prepared to perform the tasks assigned to me as a United Against Poverty volunteer.

I further agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer of United Against Poverty.

I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance as required by Florida law.

United Against Poverty is not responsible for loss or damage to volunteer's personal property.

I grant permission to allow my picture to be used in marketing materials created by United Against Poverty.

I understand that as a volunteer on the United Against Poverty campus that I will follow the established dress code. This means no open toed shoes, spaghetti straps or tank tops, leggings, or inappropriate/offensive clothing.

I have read, understand, and agree to the above policies and safety procedures and waivers:

Group Name: _____

Volunteer Name: _____

Volunteer Email: _____

Would you like to receive monthly volunteer emails? Yes No

Volunteer signature: _____ **Date** _____

(If under 18, signature of parent or legal guardian is required.)

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____