Windsor Community United Methodist Church

**Volunteer Information**

**Emergency & Release of Liability Form**

**Volunteer Information** (please print) GOOD FOR ONE YEAR FROM THIS DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your age group** Under 18 □ 19-30 □ 31-59 □ 60+ □

Church you attend (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your safety, should we be aware of any medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact(s)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER AGREEMENT & LIABILITY RELEASE**

I agree and release the Windsor Community United Methodist Church (WCUMC) as follows:

I acknowledge that as a volunteer, I perform the services to which I am assigned of my own free will, without promise, expectation or receipt of remuneration.

I recognize that as a volunteer I represent WCUMC the public. I accept responsibility for this status and will conduct myself in a professional manner. I acknowledge that the church has a smoke free policy on its property.

I agree to maintain the confidentiality of all volunteers, guests and donors about whom I have personal or identifying information.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will maintain an atmosphere of physical and emotional safety for everyone associated with ­­­­­­­ WCUMC including but not limited to volunteers, guests and visitors.

BD21298_I acknowledge that WCUMC is an organization assisting vulnerable men, women and children. I understand that *I must report* if I have ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, or if I have ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith. This admission would not preclude volunteer involvement for the WCUMC but would be used to determine appropriate placement. Explain if needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my activities as a volunteer may include but are not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. Should I voluntarily use my own means of transportation for church-related purposes, WCUMC is not liable. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against WCUMC.

I hereby release WCUMC, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

* *Please check here and initial below if you agree to:* Irrevocably grant to WCUMC, its assigns and successors, my consent and full right to use my and/or my child’s name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission for myself or my child(ren) to be filmed or taped by WCUMC or the news media.

\_\_\_\_\_\_\_\_ (initial)

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

**Volunteer Signature\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_

*\*For volunteers under 18, a parent or legal guardian’s signature is required (information in Spanish on attached page)*

**Parent/Legal Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_

**Parental Consent**

I give my consent for my child, named on page one of this application, to provide volunteer services to Windsor Community United Methodist Church. I also give WCUMC my consent to obtain any emergency medical treatment necessary for the safety of my child. (Information in Spanish on attached page)

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/Guardian*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Statement of Non-Discrimination**

WCUMC adheres to the policy that all volunteers shall be considered without regard to race, color, sex, ethnic, national origin, physical handicap or disability.

**Please return completed and signed application to:** [windsorumc@aol.com](mailto:windsorumc@aol.com)

Or Windsor Community United Methodist Church, PO Box 87, Windsor, CA 95492

**WINDSOR COMMUNITY UNITED METHODIST CHURCH VOLUNTEER INFO / RELEASE OF LIABILITY**

**INFORMACIÓN POR PADRES DE JOVENES**: Para poder ser aceptado para participar en los eventos patrocinado por Windsor Community United Methodist Church yo (nosotros) seindo mayor de 21 años comprendemos y aceptamos los riesgos mencionadas anteriormente que pudieran tener nuestros hijos no mayors de 18 años. Estos riesgos incluyen, pero no están limitados a accidentes durante el transporte, daños físicos durante juegos y actividades y daños o pérdidas de propiedad personal.

Además, autorizamos y damos permiso a la persona a cargo de dicho evento de proveer la transportación necesaria, comida, y alojamiento al participante.

La persona que firma está de acuerdo de no presenter quejas a Windsor Community United Methodist Church, sus directores, empleados, y agentes por cualquier obligación causada por dicha iglesia como resultado de negligencia, actos intencionales o no intenciaionales de dicho participante inclusive gastos incurridos.

Nosotros somos los padres o tutores legales de este particpante, y la presente damos permiso para que participe completemente en eventos para jóvenes y damos permiso de que a dicho participante a un doctor u hospital y autorizamos tratamiento médico, inclusive pero sino limitación de curugía de emergencia o trato médico y asumir la responsibilidad por todos los gastos médicos si los hay. Además, en caso de que sea necesario de que el o la participante tenga que volver a casa por razones médicas, acción disciplinaria o por otra causa, nosotros nos hacemos cargo de los costos de transportación.

Este formulario es válido por un año desde la fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or hasta que sea cancelado por escrito. Una fotcopia es tan válisa como el original.

Firma de la madre, del padre, o tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_\_\_\_\_