Volunteer Opportunity Questionnaire

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/civic affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for interest in volunteering\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to be involved?

\_\_\_\_\_Serving food \_\_\_\_\_Cleaning

\_\_\_\_\_Office/Clerical \_\_\_\_\_Thrift store

\_\_\_\_\_Landscaping \_\_\_\_\_Children’s activities

\_\_\_\_\_Building maintenance \_\_\_\_\_Samaritan Patrol

\_\_\_\_\_Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_Yes \_\_\_\_\_No Do you receive our monthly newsletter?

\_\_\_\_\_Yes \_\_\_\_\_No Do you have any physical limitations, mental disorders, or legal

 difficulties that would or should restrict your involvement with

 Wayside Christian Mission?

*Over*

**VOLUNTEER AND JOB SKILLS PROGRAM RELEASE AND WAIVER OF LIABILITY FORM**

This Release and Waiver of Liability (the “release”), executed on this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_\_\_\_\_\_\_ (year CE), hereby releases the following Persons and Entities Released and otherwise agrees as follows:

*Persons and Entities Released:* Wayside Christian Mission, WCM Development Group, Wayside Mission Properties, hereinafter known as the Mission, all Committee personnel and all affiliated Sponsors (the participating entities), and all others jointly, severally, and individually.

The volunteer and or work therapy/job training program participant/client (hereinafter known as Participant) of Wayside Christian Mission desires to provide volunteer services and engage in activities related to serving as a volunteer for any department operated by the Mission. The above-named volunteer/participant hereby agrees as follows:

1. WAIVER AND RELEASE: I, the Volunteer/Participant, release and forever discharge and hold harmless the above listed entities from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I am providing for the Mission.
2. INSURANCE: Further, I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to, medical, health, or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.
3. MEDICAL TREATMENT: I hereby release and forever discharge the participating entities from any claim whatsoever which arises or hereafter may arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer at the Mission.
4. ASSUMPTION OF RISKS: I understand that the services I provide to the Mission my include activities that may be hazardous to me, including, but not limited to, involving and inherently dangerous activities. As a Volunteer/Participant, I hereby expressly assume the risk of injury or harm from these activities and release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a Volunteer/Participant or occurring while I am providing volunteer services for the Mission.
5. PHOTOGRAPHIC RELEASE: I grant and convey to the Mission, all right, title, and interests in any and all photographs, images, video, and audio in connection with my providing services for the Mission.
6. OTHER: As a Volunteer/Participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Kentucky and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. I agree that through the services provided that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Age Date**

**If volunteer is under 18 years of age, a parent/guardian must read and sign this Release/Waiver of Liability form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or guardian Date**

*End*