



## Circle of Hope Community Center Volunteer Liability Release Form

Individual/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Mobile: (    ) \_\_\_\_\_ Other: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Please circle days you can volunteer:    Monday    Thursday    Friday

Please circle how often you can volunteer: Every week Twice a month Once a month

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All volunteers must be 17 years of age or older. Students aged 13 years - 16 years may volunteer with parental/guardian supervision and written parental consent on this form.

### **Court Ordered Community Service Restitution (CSR)**

Contact [jessepetaia.cohcc@gmail.com](mailto:jessepetaia.cohcc@gmail.com) for further instructions.

I, the undersigned volunteer, understand that I am not an employee, agent, subcontractor, or independent contractor of Circle of Hope Community Center (COHCC). I understand that COHCC will not provide me with compensation, insurance, worker's compensation, or any other benefits of an employee in consideration for my being allowed to work as a volunteer for any purposes. I, the undersigned, agree to forever discharge and agree to indemnify and hold harmless COHCC, its officers, directors, employees, interns, agents and subcontractors against all damages, losses, claims, demands, costs and expense (including and without limitation attorney's fees and court costs) and liabilities of any nature whatsoever which may be incurred by me or which may arise from my activities as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If age 13-17 parent's signature required: \_\_\_\_\_ Date: \_\_\_\_\_

### **CLOSED-TOE SHOES REQUIRED WHEN VOLUNTEERING**

**Volunteers work in inclement weather - Dress accordingly**

**We appreciate your dedication and commitment to come alongside us in serving our neighbors. Thank You!**

