



Special Event Volunteer Sign In

Staff Instructions: Please make sure to check the information written for completeness while the event is in session.

Date: (Please include all of the dates of your participation): _____

Name of Event: _____

Event Location: GPA Lakeside Bella Monte Los Medanos Village Taylor Office Other Off-site Location

Organization/Affiliation (if applicable): _____

Volunteer Instructions: Please fill out each section and place your initials by the statements following your information to confirm your agreement.

1. Name: _____ Congregation/Affiliation: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____ Are you over 18? Yes No

Please initial to indicate your consent:

_____ **Photo Release:** I allow Hope Solutions to use images taken of me or my children at this event for publicity purposes.

_____ **Agreement:** We can expect appropriate tenant interaction, respecting tenant privacy and confidentiality, and treating all tenants, volunteers, and staff with respect.

_____ **Waiver:** I understand and acknowledge that providing services involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks.

_____ **Acknowledgement:** I understand the policy, agreement, waiver and release and will abide by it.

Volunteer Signature: _____ Parent Signature: _____

(if under 18, parent or guardian signature required)

2. Name: _____ Congregation/Affiliation: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____ Are you over 18? Yes No

Please initial to indicate your consent:

_____ **Photo Release:** I allow Hope Solutions to use images taken of me or my children at this event for publicity purposes.

_____ **Agreement:** We can expect appropriate tenant interaction, respecting tenant privacy and confidentiality, and treating all tenants, volunteers, and staff with respect.

_____ **Waiver:** I understand and acknowledge that providing services involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks.

_____ **Acknowledgement:** I understand the policy, agreement, waiver and release and will abide by it.

Volunteer Signature: _____ Parent Signature: _____

(if under 18, parent or guardian signature required)

Volunteer Program Standards

The goal of the Hope Solutions' Volunteer Program is to augment on site services with high quality activities to be offered by volunteers to benefit the project and residents. Volunteers must behave appropriately during resident interaction, respecting resident privacy and confidentiality, and treating all residents, volunteers, and staff with respect. No volunteer shall have any inappropriate contact with any resident, volunteer, or staff during or outside of the program time. All activities are scheduled and occur on site, with the approval of staff. Any incidents and/or accidents shall be reported to staff immediately. There is no compensation for volunteer activities.

Waiver

The undersigned acknowledges that he/she desires to perform certain services (collectively the "Services") for Hope Solutions. The undersigned further understands and acknowledges that providing services involves an element of risk and danger of accidents and knowing those risks the undersigned hereby assumes those risks. I understand that volunteers are not covered under the Hope Solutions' Workers Compensation or unemployment insurance programs. I will be careful to avoid injuries, will report any unsafe conditions to my Hope Solutions' contact immediately, and acknowledge that I am responsible for insuring my own safety while serving as a volunteer.

In consideration of being permitted to perform the Services for Hope Solutions, the Undersigned, for himself/ herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressively waives any and all rights, claims or causes of action including, without limitation, those involving bodily injury or property damage to the Undersigned, or to the Undersigned's family or property while the Undersigned is engaged, directly or indirectly, in performing the Services, whether or not caused by the negligence of Hope Solutions, it's officers, directors, agents, contractors, or employees.

In further consideration of being permitted to perform the Services for Hope Solutions, the Undersigned hereby agrees to indemnify, defend and hold Hope Solutions, it's officers, directors, agents, contractors and employees harmless from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action, brought against Hope Solutions, it's officers, directors, agents, contractors and employees, jointly or individually for bodily injury or property damage suffered as a result of the Undersigned's negligent, reckless, or willful act or omission in the performance (or failure to perform) of the Services.

The undersigned has read and fully understands the contents of this Waiver of Liability and Agreement to Indemnify. This Waiver of Liability and Agreement to Indemnify shall continue in full force until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

I have read and understand the above policy, agreement, waiver and release and will abide by it.

Name: _____
(please print)

Signature: _____ **Date:** _____

If the volunteer is under 18 years, parent/guardian must sign.

Name: _____
(please print)

Parent/Guardian Signature: _____ **Date:** _____
