



TSOH Volunteer Agreement and Release Form

1. I, _____, agree to work for The Source of Hope as a volunteer starting from the date this agreement is signed and continue until I submit a written resignation from this volunteer opportunity.
2. As a volunteer, I understand that I control the dates and times when I do the work and that The Source of Hope is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of any service
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for The Source of Hope, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue The Source of Hope or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of The Source of Hope as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE THE SOURCE OF HOPE AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY THE SOURCE OF HOPE'S WORKERS' COMPENSATION PROGRAM. I authorize The Source of Hope to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such an accident, illness or injury. In case of an emergency, please contact us at info@thesourceofhope.org or call us at 469-969-0244.
6. I understand that the materials and tools provided by The Source of Hope are and remain the property of The Source of Hope, and I agree to return these tools and any remaining materials to The Source of Hope at the end of my volunteer service.
7. I hereby authorize The Source of Hope and/or its agents, to use, reproduce, and/or publish photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on The Source of Hope or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.
8. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

_____/_____/_____
 Signature of Volunteer Date

If under age of 18: Y / N Name of Parent/legal guardian: _____

_____/_____/_____
 Signature of Parent/Legal Guardian Date

Contact Information

Email: _____ Phone: _____ - _____ - _____

Emergency Contact Name: _____ Relationship: _____

Email: _____ Phone: _____ - _____ - _____