

Good Works, Inc. Volunteer Releases

Volunteers are asked to fill out and sign the information requested below prior to beginning any volunteer service with Good Works. It is not unusual to have questions regarding this part of the application. Feel free to direct your questions to a full-time Good Works staff member.

PLEASE PRINT CLEARLY

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____ Male _____ Female _____
Date of Birth _____ Email Address _____

We will use the mailing information you provide to keep you informed about the ministry of Good Works. If you prefer that we do NOT send you updates about Good Works, please initial here: _____

If volunteer is under age 18, please also complete the following:

Name of Parent or Legal Guardian _____
Address (if different from above) _____
City _____ State _____ Zip _____ Phone _____

A. PERSONAL COMMITMENT

I commit myself to serve at Good Works, Inc. I realize that this experience will expose me to working conditions that I may not be accustomed to and which may require personal sacrifices of me. I gladly accept this as an opportunity to learn and grow personally. I commit myself to the guidance of the leadership of the Good Works staff. I will do my best to comply with their requests and will honestly admit my own limitations when necessary. Finally, I commit myself to serving our neighbors in Southeastern Ohio with Good Works. I will give my best to serve them and will give them proper respect as I work with them and for them.

B. RELEASE OF ALL CLAIMS

This is a legal release of liability: I voluntarily and knowingly agree to this *Release of All Claims* with the express purpose and intention of releasing all the obligations described below: I agree to not hold Good Works, Inc. of Athens, Ohio responsible for any or all injuries or damages known or unknown which might be incurred during and/or after the volunteer experience with Good Works. This release of responsibility applies to its employees, volunteers, corporate officers and all others connected with the ownership, operation and maintenance of the facilities, activities, programs and services of Good Works. Furthermore, I release Good Works from all claims, demands, actions, judgments, and executions that may be incurred during and/or after the volunteer experience with Good Works.

Your initials here indicate you have read the above paragraph and don't have any further questions: _____

C. MEDIA RELEASE

Good Works takes pictures, and occasionally, video of volunteers while they are serving with us. Some of these photos are used in our newsletters, on our website and in brochures. The pictures are not sold to anyone but are used solely for our publications and the publications of our grantors, who occasionally request photos of our work together. If you prefer to not have your pictures included in the manner described, you should **check "no"** on this section of the application. We refer to your release form prior to publishing your photograph. However, it is your responsibility to let people at Good Works who want to take your picture know that you do not want to have your picture taken and used for Good Works purposes. We apologize for any inconvenience this creates for you, but due to the large number of people in the community, this is the only way to insure that your picture is not taken.

Do we have your permission to use your image in this way? Yes _____ No _____

D. MEDICAL RELEASE

In order that I may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for myself if I am not conscious. This pertains to any injury or illness that occurs during the times I am involved with Good Works related activities. I also authorize the designated staff to obtain such treatment. I further acknowledge and understand that, while volunteering with Good Works, Inc., there is a possibility of physical illness or injury and that I am assuming the risk for such illness or injury by my participation. Payment of any medical expenses will be paid by me or by my insurance company.

If volunteer is under age 18, parent/guardian please complete the following:

In order that my child may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for my child. This pertains to any injury or illness during the times my child is involved with Good Works related activities. I also authorize the appropriate people to obtain such treatment. I further acknowledge and understand that, while volunteering at Good Works, Inc., there is a possibility of physical illness or injury and that my child and I are assuming the risk for such illness or injury by her/his participation. Payment of any medical expenses will be paid by me or by my insurance company.

Parent/guardian initials here indicates that you have read the above paragraph and do not have further questions

Persons to Contact in Case of Emergency:

- | | |
|--------------------------------|----------------------------------|
| 1. Name _____ | Relationship to you _____ |
| Day Phone (____) _____ - _____ | Night Phone (____) _____ - _____ |
| 2. Name _____ | Relationship to you _____ |
| Day Phone (____) _____ - _____ | Night Phone (____) _____ - _____ |

Medical and Insurance Information:

The information you provide here will enable Good Works to act on your behalf if you should become injured on our property or while involved in work assigned to you by Good Works.

Family Doctor's Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____ Zip _____

List any allergies, health conditions and/or medications _____

Are you taking any medications that impact your ability to drive or use machinery? Yes ___ No ___ If yes, please explain _____

Are your immunizations up to date? Yes ___ No ___ Date of last Tetanus Shot ____/____/____
If no, please Explain: _____

Are you aware of having contracted hepatitis or any other communicable disease that impact your ability to prepare food for community meals, or would require limiting your exposure to recipients in poor health or with weakened immune systems?
Yes___ No___ If yes, please explain _____

Do you have Medical Insurance? Yes ___ No ___ Name of Insurance Company: _____
Name of Policy Holder _____

Have you been vaccinated for COVID-19 Yes ___ No ___

E. If you are seeking to use this time with Good Works for some form of credit, you must make this known in writing prior to beginning service. This includes, but is not limited to, service-learning experiences, class credit, community service hours and scholarship contributions. We will not sign off on any of these experiences without prior approval from Good Works staff through writing and discussion. This includes all individual and group volunteer experiences.

F. ADULT RELEASE: I agree to the releases described above and to the time of volunteer service at Good Works, Inc.

Signature: _____ **Date:** _____

If volunteer is under age 18, parent/guardian please complete the following:

I (print name of parent or legal guardian), _____, give permission for my child listed above to participate in volunteer service with Good Works, Inc. in Athens County, Ohio, and I agree to the above described releases.

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