



VOLUNTEER AGREEMENT

Grace Place is a full service shelter program operated by United Outreach of El Dorado County for homeless people on the Western Slope of El Dorado County. It is sustained by people dedicated to helping others by giving of themselves as volunteers and by serving the residents as valuable human beings with dignity and respect.

I understand that I am not considered an employee of United Outreach (UOEDC) while performing volunteer work for the organization.

I further understand that as a volunteer, I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.

In connection with my voluntary involvement in activities undertaken for UOEDC, a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge UOEDC, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence and I agree to release and hold UOEDC, its officers and director, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therefrom.

I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to UOEDC, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity in connection with my participation hereunder.

I hereby confirm, represent, and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or other sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Volunteer Signature

Date

VOLUNTEER INFORMATION

Name (please print)

Phone:

() _____

Mailing Address or E-mail Address:

Over 18?

Yes _____

No(*) _____ Age _____

(*) Youth Waiver Form required