

I, _____
(full first name) (middle name) (last name)

will be volunteering at Compassionate Heart Ministries on _____ .
month/day/year

Email Address: _____ Please add me to your mailing list.

How did you learn about Compassionate Heart Ministries? _____

Have you ever been found guilty of a felony or misdemeanor? Y N

Have you ever been convicted of a criminal sexual conduct? Y N

I authorize Compassionate Heart Ministries to run a criminal history check. Y N

Gender: Male Female Date of Birth: _____

Ethnicity: White Black Asian/Pacific Islander American Indian/Alaskan Native Other _____

waiver/ release/consent & agreement

Initial

_____ **MEDICAL CARE, MEDICATIONS AND PROCEDURES:** (I or We) in the event of an emergency give permission to Compassionate Heart Ministries to secure proper emergency treatment and/or medical treatment. (I or We) understand that Compassionate Heart Ministries does not provide medical care. Further, Compassionate Heart Ministries will not administer any prescribed medications. Tylenol (or like medicines), will only be given to the volunteer, with prior approval by guardian, while they are under the care of Compassionate Heart Ministries. (I or We) understand that Compassionate Heart Ministries staff and/or volunteers do not provide assistance for bathroom needs.

_____ **RELEASE OF INFORMATION:** (I or We) give consent to Compassionate Heart Ministries to release any necessary information or documentation to health care providers/agencies/or organizations on behalf of the volunteer.

_____ **TRANSPORTATION:** (I or We) hereby give consent for volunteer to engage in activities and/or programs in areas other than the Compassionate Heart Ministries site and allow the volunteer to be transported in vehicles for the Compassionate Heart Ministries program.

_____ **PERSONAL PROPERTY:** (I or We) understand and agree that Compassionate Heart Ministries is not responsible for the loss or damage to any personal property of the volunteer.

_____ **RELEASE OF VISUAL IMAGES OR AUDIO RECORDINGS:** (I or We) release all photographic, video, or digital images as well as all audio recordings of the volunteer to Compassionate Heart Ministries and may be reproduced by them for their use in marketing or promotional materials.

_____ **LIABILITY WAIVER/RELEASE:** (I or We) in consideration for allowing the volunteer to participate in activities sponsored or provided by Compassionate Heart Ministries, agree that Compassionate Heart Ministries, a non-profit corporation, its agents, officers, employees, trustees, volunteers, and/or the agents, heirs, administrators, executors, and assigns will not be liable for any and all claims and liabilities of any kind, further that (I or We) agree to hold harmless, indemnify, and defend (including actual attorney fees and costs) Compassionate Heart Ministries, its agents, officers, employees, trustees, volunteers, and/or their agents, heirs, administrators, executors, and assigns from any and all loss or damage during the time the volunteer is in attendance at Compassionate Heart Ministries and/or during any activity sponsored or provided by Compassionate Heart Ministries. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

_____ **CODE OF ETHICS:** (I or We) have read and agree with, the Compassionate Heart Ministries Code of Ethics Contract.

Volunteer signature: _____

Date: _____

Parent signature (if volunteer is under 18 years of age): _____

Date: _____