Volunteer Agreement and Release from Liability

I understand and agree to the following terms and conditions related to volunteering my services to OVIASC.

Volunteers Name _____ Male _____ Female _____

As a volunteer, I represent **OVIASC** to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers and visitors)

I agree to honor the length of service that I make to **OVIASC**. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal and emergency information as changes occur. Please initial here: _____.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to cuts, burns, back injury from lifting, property damage or injury to myself or others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: ____.

I agree that my assignees, heirs, distributees, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or volunteer contractor of **OVIASC** as a result of my participation as a volunteer. I hereby release **OVIASC** from all actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: ____.

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I understand that **OVIASC** does not provide auto insurance coverage for my personal vehicle. My personal insurance will apply to my vehicle if I use it while I am a volunteer. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: ____.

I understand that I am **not** entitled to workers' compensation or group medical and hospital benefits from the above organization. My personal insurance will apply while I am a volunteer. Please initial here: ____.

I agree to follow all safety rules and instructions from my supervisor. I understand that if I do not follow these rules and instructions, I will receive a verbal or written warning and possibly may be dismissed from the volunteer program.

I understand that I have the right to refuse any assignment that I feel is too hazardous or is beyond my level of training or ability.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature **Date** Witness Signature Date

_____ _____ _____ _____

Guardian Signature (If under 18) **Date** Witness Signature Date

_____ _____ _____ _____

Volunteer Phone Home _____ Cell _____

Address _____ _____ **City** _____**State** ____ **Zip** _____

EMAIL _____