

**Volunteer Release Form**

By submitting this form, I affirm that the application I filled out is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on the application may result in my immediate dismissal. UCCS reserves the right to refuse or discontinue a volunteer’s service at any time for any reason that is detrimental to fulfilling the volunteer assignment or detrimental to the reputation of the agency.

**Confidentiality**

I understand that any sensitive client information that I may learn during my volunteer experience is confidential and may not be shared with others.

**Nondiscrimination Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Photo Release**

I hereby grant the Union County Community Shelter permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Union County Community Shelter and will not be returned. I hereby irrevocably authorize the Union County Community Shelter to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Union County Community Shelter’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Union County Community Shelter from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**Volunteer Liability Release Form**

In consideration of my desire to serve as a volunteer with the Union County Community Shelter I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any volunteer effort, including the use of equipment and facilities of Union County Community Shelter.

I hereby release Union County Community Shelter, and its officers, directors, employees, agents and volunteers from any and all liability resulting from events beyond control. In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage.

Furthermore, I release Union County Community Shelter, and its officers, directors, employees, agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the volunteer.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Signature of Parent/Guardian (If under 18)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date