

# Volunteer Waiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Does your company have a matching gift program for volunteerism? Yes / No

So that we can most accurately track your family's total impact to Beyond Hunger, do you have a spouse, partner or significant other who also volunteers or donates? Yes / No

Is so, what is their name? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Release Agreement

I understand that I am volunteering my services to Beyond Hunger, I hereby release, indemnify and hold Beyond Hunger, its officers, directors, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors of its activities, from any and all claims, causes of action and liability arising from or in any way connected with my volunteer participation with Beyond Hunger.

I understand I am expressly assuming all risk, including but not limited to all risk of injury, associated with my volunteer participation at Beyond Hunger and/or any activity conducted offsite on behalf of Beyond Hunger.

I understand that while volunteering at Beyond Hunger, photographs may be taken of the volunteers while on the premises. I hereby grant permission and consent for Beyond Hunger and its authorized representatives to record, via photography or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, other printed material, or social media postings used by Beyond Hunger, and that such use shall be without payment of fees, royalties, or any other compensation.

## COVID-19 ACKNOWLEDGEMENT:

I acknowledge that I am feeling well today and am not experiencing symptoms of illness. I have not traveled to areas impacted by Coronavirus in the last 14 days. I acknowledge that if I have traveled to impacted areas or if I am experiencing symptoms of illness, I may be asked to not volunteer today. I recognize that I will qualify to volunteer after I am symptom free after 14 days.

**FOR THOSE WITH MINORS:** If only one chaperone, parent or guardian signs these forms on behalf of a minor volunteer, then the undersigned chaperone, parent or guardian of the minor Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the minor volunteer, that he/she is fully authorized to do so, and that by executing such Volunteer Release form, the undersigned is binding himself/herself, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns and legal representatives to such Release.

All information obtained, including name, address and telephone numbers, etc., shall be kept strictly confidential by Beyond Hunger.

By signing below, I express my understanding and intent to enter into this Release Agreement willingly and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive emails from Beyond Hunger about advocacy and opportunities to fight hunger and feed hope in the future.

Beyond Hunger  
848 Lake Street, Oak Park IL 60301  
708-386-1324 | GoBeyondHunger.org

