## **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 |              |
| If so, what is their name?<br>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 off-site 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.

**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.

Minors ages 11 and under must volunteer with a parent/guardian chaperone, and are not required to have a volunteer account or attend volunteer orientation. Minors ages 12 - 14 may volunteer independently after attending volunteer orientation as well as an additional meeting with program staff. Minors 15+ may volunteer on their own and must follow all guidelines as an adult volunteer.

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

