

LUV YOUR NEIGHBOR
Volunteer Personal Information and Release Form

Volunteer Personal Information:

Name: _____ Date: _____

Address: _____

City/ST/Zip: _____

Phone: Home _____ Cell _____ Work _____

Email: _____ Age if under 18: _____

Church Membership: _____

Emergency Contact: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Physician: Name _____ Phone _____

Are you allergic to any medications or other substances or have a medical condition that could require emergency care: ___Yes ___No If yes, explain:

List your skills, talents, and desires to help us assign you to teams:

Release and Indemnity Agreement:

Having fully read this Release and Indemnity Agreement, this waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein stated. If I am under 18 I understand that my parents/guardians are aware of me volunteering and have signed this form with me.

I do hereby represent and acknowledge I am entering a missionary venture with others, for the purpose of helping with minor repairs and clean-up of homes for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat hard and will be performed by concerned volunteers. Driver's licensed volunteers, who may or may not be professional drivers, will operate vehicles used to transport volunteers.

I recognize and acknowledge potential accidents at each site, involving the use of power tools and other equipment and am fully aware of possible injuries to members of the team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses, or attorney fees incurred by me, my heirs, administrators, executors, or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns and all other persons, firms, or corporations, I do hereby release and discharge from liability all other persons on the Luv Your Neighbor team with me, those who notified, selected, or assigned me to said team such as, Christ Centered Missions, Smyrna Baptist Church, Centro de Vida, Center of Life, Women Who Care, their representatives, successors, or assigns, from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose here above stated.

Witnessed, by my hand on this _____ day of _____ 20_____

Volunteer's Printed Name: _____

Volunteer's Signature: _____

Parent/Guardian Name(s) Printed: _____

Parent/Guardian Signature(s): _____