

VOLUNTEER WAIVER

Signed copies of this waiver expire after 365 days.

Participant's Signature

Date of Signature

Parent/ Guardian's Signature

1.

2.

3.

| VOLUNTEER INFORMATION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Last Name | First Name | MI |
| DOBEmail | First Name | |
| | | |
| StatePhone | eGroup | |
| State Zip Phone Emergency Contact | Phone | |
| METROPOLITAN MINISTRIES VOLUNTEER AGREEMENT AND RELEASE (AGREEMENT) | | |
| I, the undersigned, wish to volunteer my services to Metropolitan Ministries, a not-for-profit Florida corporation whose mission is to help the homeless and those at risk of becoming homeless. Additionally, I wish to volunteer my services at various Metropolitan Ministries partner organizations. Partner organizations include formal and informal arrangements between Metropolitan Ministries and organizations in the community with similar or complimentary missions focused on helping the homeless and those at risk of becoming homeless. In consideration for allowing me to participate as a volunteer at Metropolitan Ministries' and in consideration of Metropolitan Ministries locating, arranging, coordinating, and making available volunteer opportunities at partner organizations, I hereby agree and release Metropolitan Ministries and any partner organizations I engage with as follows: | | |
| | | |
| I further acknowledge that I have read this document in Damages for volunteers and notwithstanding such risks, | its entirety and I agree to abide by all procedures and free I agree to participate as a volunteer. | ely and voluntarily assume all risks of such Injuries and |
| Expiration | | |