

Volunteer Agreement and Release of Liability



Please read before signing, as this constitutes your agreement and understanding of your working relationship as a volunteer with St. Anna's Episcopal Church (the Church), a member of the Episcopal Diocese of Louisiana (Diocese).

As a St. Anna's Episcopal Church volunteer, I _____ understand that I will be the face of the Church and the Diocese to those I serve and those I serve with. Everyone I come in contact with in the course of this work will be treated with respect and dignity.

I have chosen to provide services as appropriate to my skills and training. I understand that I will not be compensated in any way, nor will I be covered for worker's compensation or any health benefits by the Church, for my volunteer services.

I certify that I am in good health and physically able to perform the type of work I am agreeing to. I understand that engaging in this activity could involve certain risks of physical or emotional injury, not all of which are foreseen. I understand that I must be prepared and responsible to follow every possible procedure of safety for myself, for the people I serve, and my fellow co-workers. I am engaging in this project at my own risk. I understand that the Church is not responsible or liable for my health or safety or that of my personal effects and property. I will hold them harmless in the event of theft or loss resulting from any source or cause. I assume all risk, responsibility and costs/expenses for any damage or injury to my property or any personal injury or illness which I may sustain while involved in this project including related medical costs and expenses.

If any vehicle owned or leased by, or otherwise in the possession of the Church or any of their employees, supervisors or volunteers, is involved in transporting me during the course of my volunteer work, I understand that the transportation is being provided at my sole risk and that neither the Church or any of their employees, supervisors or volunteers or the driver of the vehicle is responsible for any accident involving the vehicle or any injury that I might suffer in connection with the transportation.

I understand the need for confidentiality and will not discuss, photograph, audiotape or video or otherwise disclose identifying information about the people I work with without prior permission from the Church and the clients, including any reference to names, addresses, or other identifying information, educational or health information.

I understand that there may be a priest or deacon present for spiritual guidance.

I understand and agree that I may be photographed, video or audio recorded for, but not limited to, documentation, identification, fund raising, and public relations & marketing (print, electronic, web, social media and other forms), grant reporting and for archival purposes relating to the Anna's Place Program. I agree to the use of my image and audio recording as needed by St. Anna's Episcopal Church, staff, faculty, and affiliates unless the "no" line at the end of this paragraph is initialed by me. _____ **NO**

I commit to fulfill by scheduled shifts. I understand that the success of this program greatly depends on my attendance on my scheduled days and that missing days without notifying the Director well enough in advance or missing excessive days may be grounds for my termination, and if for Service Learning Hours, will impact my grade. If this work is toward Service Learning hours, I agree to complete the entire semester schedule even if I've achieved my required hours before the final day, knowing that failure to do so will negatively affect my grade and endanger the Anna's Place NOLA program.

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I understand that many things are outside of the control of the Church. There may be times where conditions, circumstances, challenges, and opportunities change daily, or even hourly. I understand that last minute schedule changes or cancelations may occur due to weather, maintenance or other issues. **I am prepared to be flexible.**

(For Medical Professionals Only) I understand that I am not covered for professional liability/medical malpractice by the Church or the Diocese and am required to maintain my own professional liability coverage for my work with the Church and will provide updated copies prior to expiration dates.

(For Medical Professionals Only) I agree to provide the Church with copies of renewals of licenses (professional and drivers licenses); DEA registration; Controlled Substance license; BLS, ACLS, ATLS, PALS, APLS, NRP Certificates prior to expiration dates, and to notify the Church of any malpractice claims made against me within 30 days of receiving notice of claim.

By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to defend, indemnify and forever hold harmless the Church and the Diocese and their officers, directors, agents, volunteers, servants and employees,

- from any and all causes of action arising from or relating to my participation in this project, travel and lodging associated therewith including any damages including but not limited to claims for personal injury, sickness or loss of limb or life, even if said claims arise from injuries or illnesses caused by the sole negligence or fault of those hereby released. I agree that this agreement shall be governed and interpreted by the laws of the state of Louisiana.
- from any and all claims, losses, damage, injuries, damage to property or other costs and/or expenses arising from or caused by me in whole or in part, during my travel to and from and by participation in this proposed service opportunity, including without limitation any of the foregoing related to my professional licensure or lack thereof.

I warrant that I have fully read and understand this Agreement and Liability Release and Indemnity Form and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me. I further acknowledge and agree that all references to me with regards to my responsibility, waiver, release, and assumption of risk, to the extent allowed by law, apply to minor children for whom I sign this document as legal guardian or parent.

I may choose to participate in additional activities on multiple or later dates, and this Volunteer Agreement and Liability Release and Indemnity will apply to any activities in which I participate in the future.

PRINTED Name of Volunteer

Signature of Volunteer

Date

If under 18 years of age:

PRINTED Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date