

VOLUNTEER RELEASE AND WAIVER LIABILITY FORM



This Release and Waiver of Liability (the "release") executed on (date) _____ by (name of the volunteer candidate) _____ (Volunteer) releases To Mentor, Educate, Educate and Empower (2MEE), a non-profit corporation organized and existing under the laws of the State of Alabama and each of its directors, officers, employees and agents. The Volunteer desires to provide volunteer services for 2MEE and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with 2MEE is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that 2MEE will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to 2MEE.

- Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless 2MEE and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to 2MEE. I understand and acknowledge that this Release discharges 2MEE from any liability or claim that I may have against 2MEE with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to 2MEE or occurring while I am providing volunteer services.
- Insurance:** Further I understand that 2MEE does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of 2MEE beyond what may be offered freely by 2MEE in the event of such injury or medical expenses incurred by me.
- Medical Treatment:** I hereby Release and forever discharge 2MEE from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with 2MEE.
- Photographic Release:** I grant and convey to 2MEE all right, title and interests in any and all photographs, images, video or audio recordings of me or my children or my likeness or voice made by 2MEE in connection with my providing volunteer services to 2MEE.
- Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

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

Name of volunteer _____

Signature _____ Date _____

If Volunteer is under the age of 18, a parent or guardian must sign the release on their behalf.

Name of parent or guardian _____

Signature _____ Date _____

Fax, Mail or Email Completed Forms To:

To Mentor, Educate and Empower

12060 County Line Road Suite J-202

Madison, AL 35756



To Mentor, Educate and Empower Volunteer Application

Confidential Form

This application is to be completed by all onsite volunteers for any events involving minors. This is not an employment application form. This form is used to help the **To Mentor, Educate and Empower** provide a safe and secure environment for those children and youth who participate in the event.

Full Name First Middle Last (Maiden, if applicable) Date

Address Street City State ZIP County

Previous Address (if moved in the last five years)

Email Address () ()
Home Phone Cell Phone

BACKGROUND CHECK INFORMATION

This authorization and consent for release of personal information acknowledges that To Mentor, Educate and Empower may now or at any time I am in a volunteer service, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, credential reference, personal reference, name verification, Social Security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (statewide, federal or extended).

I understand that these searches will be used to determine volunteer work assignment for To Mentor, Educate and Empower. Therefore, I authorize and consent for full release of records to the authorized representatives of To Mentor, Educate and Empower. In addition, I release and discharge To Mentor, Educate and Empower and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility.

Is there anything in your background of which To Mentor, Educate and Empower should be aware? If so, please explain. _____

Signature _____ Date _____

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