



## VOLUNTEER AGREEMENT

Name of Adult Volunteer: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I acknowledge and agree, on behalf of myself and each of my above-named minor child(ren) (together “My Family”), to all of the following.

1. I am a person 18 years or older and My Family desires to volunteer for Families Giving Back, an Arizona nonprofit corporation (the “Organization”) and engage in the activities related to being such a volunteer, including but not limited to, community clean-up and similar and other support for various nonprofit organizations, such as homeless shelters, schools and food banks (the “Activities”). In consideration for the opportunity to serve as a volunteer for the Organization, I hereby freely, voluntarily, and without duress agree, on behalf of My Family, to this Volunteer Agreement.

2. Volunteer service with the Organization is a privilege, and not a right. I understand that My Family’s volunteer service is at the sole discretion of the Organization and that the Organization may elect to discontinue our services at any time.

3. My Family will abide by the policies and procedures adopted by the Organization from time to time, and by direction given to us by the Organization and its staff. If we have questions or concerns about our volunteer service, we will work collaboratively and professionally with the Organization to resolve those questions or concerns.

4. My Family will fulfill the time commitment required of our volunteer service. We will promptly notify the Organization of our inability to complete our volunteer service commitment.

5. Volunteer service may, at times, expose My Family to unique, valuable, proprietary, privileged and/or confidential information of the Organization, such as donor information, volunteer information, nonpublic financial information and management information. My Family agrees to safeguard and hold this information and not reveal, divulge or make known this information to any other person without express written consent of the Organization.

6. I, on behalf of myself, My Family, my spouse, heirs, executors, administrators, representatives, and any other person claiming on my behalf, do hereby release and forever discharge and hold harmless the Organization, and its officers, directors, members, managers, staff, volunteers, agents, representatives, successors and assigns (collectively, the “Released Parties”) from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from My Family’s participation in the Activities. I understand that this release discharges the Released Parties from any liability or claim that My Family may have against the Released Parties with respect to any bodily injury, personal injury, illness, death or property damage that may result from our participation in the Activities with the Organization whether potentially caused or alleged to be caused by: (a) My Family’s own actions or inactions; (b) the actions, inactions or negligence of any kind whatsoever of the Organization or the other Released Parties; and (c) the actions, inactions or negligence of any kind whatsoever of any third party. \_\_\_\_\_ **(Initial)**

7. I understand that the Organization does not assume any responsibility for or obligation to provide, and My Family waives any right to financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. I, on behalf of myself and My Family, hereby release and forever discharge the

Released Parties from any claim whatever which arise or may hereafter arise on account of any first aid treatments or service rendered in connection with our participation in the Activities.

\_\_\_\_\_ **(Initial)**

8. I understand that the Activities include work that may be hazardous to My Family. I, on behalf of myself and My Family, hereby voluntarily, expressly and specifically assume the risk of injury, permanent disability, death, property damage, loss or liability arising from our participation in the Activities. By participation in the Activities, I, on behalf of myself and My Family, assume, knowingly and voluntarily, each of the risks, obligations, responsibilities and terms described herein and all of the other risks that could arise out of or occur during or as a result of participation in the Activities. \_\_\_\_\_ **(Initial)**

9. I, on behalf of myself and My Family, agree to never bring, commence, prosecute or participate in any action, suit or other proceeding against the Released Parties arising out of, concerning, or related to, directly or indirectly, My Family's participation in the Activities, or the actions or omissions of the Released Parties. \_\_\_\_\_ **(Initial)**

10. I understand that the Organization does not carry or maintain health, medical, or disability instance coverage for any volunteer. I am expected and encouraged to obtain my own medical or health insurance coverage. \_\_\_\_\_ **(Initial)**

11. I hereby grant and convey unto the Organization all right, title and interest in any and all photographic images and video or audio recordings of My Family made by the Organization during our participation in the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. \_\_\_\_\_ **(Initial)**

12. I expressly agree that this Volunteer Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Volunteer Agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that, in the event that any clause or provision of this agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this agreement, which shall continue to be enforceable.

By signing below, I acknowledge and agree, on behalf of myself and My Family, that I have read, understood, and voluntarily agreed to this Volunteer Agreement as of the date below and this Volunteer Agreement is in favor of Families Giving Back, a nonprofit corporation, and its directors, officers, employees, volunteers, representatives and agents, and other Released Parties.

I certify that I am the legal guardian of the above-named minor child(ren) and have full power, authority, capacity and right, without any limitation, to execute, deliver and perform this Volunteer Agreement. I am solely responsible for the safety of the above-named minor child(ren) and agree to continually supervise them at all times when participating in the Activities.

I AM AWARE THAT THIS VOLUNTEER AGREEMENT CONTAINS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN RIGHTS, INCLUDING MY RIGHT TO SUE FOR DAMAGES, INCLUDING THOSE CAUSED OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OR WILLFUL MISCONDUCT OF FAMILIES GIVING BACK AND OTHER RELEASED PARTIES AND THAT THIS VOLUNTEER AGREEMENT IS A CONTRACT BETWEEN ME AND FAMILIES GIVING BACK AND I AGREE TO IT OF MY OWN FREE WILL.

\_\_\_\_\_, Adult Volunteer (Printed)

\_\_\_\_\_, Adult Volunteer (Signed)

\_\_\_\_\_, Date

\_\_\_\_\_, Email Address

Would you like to receive our Families Giving Back newsletter? Yes / No