



# VOLUNTEER WAIVER for BYBEE LAKES VICTORY GARDEN with VetREST and Helping Hands Reentry Outreach Centers

## VOLUNTEER AGREEMENT

I wish to volunteer time in support of Helping Hands Reentry Outreach Centers' ("Helping Hands") mission. I understand and agree that my hours worked for Helping Hands are voluntary and without compensation, benefits, or consideration of any kind, and that I must follow all Helping Hands' policies and procedures. I also understand that my volunteer assignment may be terminated at any time for any reason at the discretion of the volunteer coordinator or other supervisor.

## LIABILITY RELEASE

I understand that Helping Hands and associated partners above are under no obligation to provide any insurance against injury, illness, or bodily harm. Furthermore, I understand that each volunteer is expected and encouraged to obtain his or her own medical or health coverage. I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause, related to or arising from my participation as a volunteer for Helping Hands, and release, indemnify, and hold harmless Helping Hands, its officers, directors, staff, and associated partners above, from any and all liability in connection with any claim, suit, injury, damages, loss, and/or liability related to or arising from my capacity as a volunteer. I specifically acknowledge that I am assuming the entire risk of volunteering, and this release is a complete and comprehensive release of any and all negligence, including gross negligence, and any and all other liability.

## MARKETING RELEASE

I understand that effective public relations are important to the success of any organization. Therefore, I hereby give my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or disseminate statements referring to me in my capacity as a volunteer, if Helping Hands so desires, and to authorize any newspaper, company, or other organization to use said materials with or without identification of me by name, and to publish or disseminate statements referring to me in conjunction therewith in the promotion of Helping Hands and any of its fund campaigns or any of its activities.

## CONFIDENTIALITY AGREEMENT

I understand as a volunteer, I may become privy to confidential information. I agree to maintain confidentiality of any information that is not otherwise publicly disclosed by Helping Hands. I will not use any confidential information in any manner that would be detrimental to Helping Hands and I will avoid any actions that might impair the reputation of Helping Hands.

**VOLUNTEER SIGNATURE** By signing this document, I understand and agree to the above terms and conditions.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT/RELEASE (required if volunteer is under the age of 18)**

On behalf of my child and myself, I join in agreeing to all releases, terms, and conditions in this Volunteer Release Form. I, \_\_\_\_\_ (print parent/guardian name), give consent for \_\_\_\_\_ (print minor's name) to volunteer for Helping Hands and associated partners above.

Parent/Guardian Signature \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Minor Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_