



PO Box 1264 | Ft Mill SC 29716 | 1 (704) 495-4422

Volunteer Nurse Waiver

I, _____, state that I wish to attend and serve with the charitable service, Nurses with Purpose, as a volunteer. I understand that I have options and elect areas of choice within the places we volunteer. I understand that I may elect not to participate, if I do not feel comfortable or placing myself at risk. I also understand, that I may be subject to exposure of communicable diseases, and aware of how to protect myself. The time of service is an experience by choice.

All excursions, throughout the trip are understood and agreed. If I am not compliant within the boundaries of the facilities, organizations, and/or businesses that we are affiliated with, then it is at my own regard.

Print Name

Signature

Date