

MOMENTS OF HOPE OUTREACH

Volunteer Release Form

I am working as a volunteer for the **Moments of Hope Outreach** program and I hereby acknowledge that working with this program may involve some risk of personal injury. I hereby acknowledge that **Moments of Hope Outreach** has made no representations about the conditions of the sites where I will be working nor the activities in which I choose to engage.

I hereby release and hold harmless **Moments of Hope Outreach**, its officers and directors, others working on any **Moments of Hope Outreach** project and the facility or location where I will volunteer, from any and all liability which might result from my working on **Moments of Hope Outreach** projects. My signature or that of my parent or guardian below is my acknowledgement that I assume 100% of the risk of any injury which may occur as the result of working as a volunteer for the **Moments of Hope Outreach**.

If I am under the age of 18, I acknowledge that I must be accompanied by a parent or guardian as indicated below, during my entire volunteer service hours.

Printed name of volunteer: _____

Signature of volunteer: _____ *Printed*

name of parent/guardian: _____

Signature of parent or guardian if volunteer is under 18: _____

Address: _____

City, State Zip: _____

Email: _____

Volunteer Preference (1st, 2nd, 3rd) Saturday servings _____ Pantry _____ Saturday Breakfast _____

Phone number: (_____) _____ - _____ Date: ____/____/____

Church Affiliation: _____

Emergency information: NAME: _____ PHONE # _____

Please list any known allergies & reactions:

My signature or that of my parent/guardian, authorizes the designated facilities director of Moments of Hope Outreach permission to authorize transportation to the nearest Emergency facility; or a preferred facility if listed here:

My preferred hospital is: _____

Address: _____

Feel free to email this release form once signed to volunteering@momentsofhopeoutreach.org or mail it to:
Moments of Hope Outreach P.O. Box 161, Studley, VA 23162