

# 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.

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### PLEASE COMPLETE ALL INFORMATION

*Printed name of volunteer:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature of volunteer:* \_\_\_\_\_

*Printed Name of parent/guardian if under 18 or applicable:* \_\_\_\_\_

*Signature of parent or guardian if volunteer is under 18:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State Zip:* \_\_\_\_\_

*Phone number:* (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ *Email:* \_\_\_\_\_

*Church Affiliation:* \_\_\_\_\_

*Volunteer Preference:* Saturday servings \_\_\_\_\_ Pantry \_\_\_\_\_ Other \_\_\_\_\_

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**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@mo-hope.org](mailto:volunteering@mo-hope.org) or mail it to:  
Moments of Hope Outreach P.O. Box 161, Studley, VA 23162