



## Individual Volunteer Waiver

Alameda Point Collaborative (APC) welcomes volunteers in many capacities. Before beginning your volunteer service, please complete this form and return it to the Volunteer Coordinator at: [apcvolunteermanagement@gmail.com](mailto:apcvolunteermanagement@gmail.com)

<b>Name of Volunteer:</b>	
<b>Organization Serving With:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	
_____	<i>If checked, please do not send me photos, updates, or news about Alameda Point Collaborative</i>
<b>Emergency Contact Information:</b> In case of emergency, please contact:	
Name: _____	
Phone: _____	
Relationship: _____	
<b>Volunteer Agreements:</b>	
<i>In signing this Liability Waiver, I agree that I am willingly volunteering to participate in an APC service project.</i>	
* I know of no reason, medical or otherwise, that would prevent me from volunteering at APC in a manner that is unsafe for myself and others. If I have a health limitation and need a reasonable accommodation to volunteer at APC or to perform requested tasks, I will inform the Volunteer Coordinator or supervising APC employee so they can reasonably accommodate me. _____ (initial of volunteer/guardian)	
* I agree to use tools safely according to the instructions I receive. I agree to only perform work that I am comfortable doing which I feel I can accomplish safely. _____ (initial of volunteer/guardian)	
* I agree to wear closed-toe shoes and clothing that will provide protection appropriate to the working conditions. _____ (initial of volunteer/guardian)	
* I agree to behave in a responsible manner. _____ (initial of volunteer/guardian)	
* I grant permission for APC to use photographs, film, and videos of me (or my minor child) for promotional or informational collateral associated with the project or organization, including web site(s), social media and/or print materials and I understand that I will receive no compensation for the use of my image or likeness. _____ (initial of volunteer/guardian)	
* I agree to tag APC on any photos or stories I post on social media relating to my volunteer service _____ (initial of volunteer/guardian)	
* I understand that as a volunteer I will not be considered an employee or independent contractor, receive pay, or any employment benefits from APC. _____ (initial of volunteer/guardian)	
* I release on behalf of myself and my heirs, any and all claims that may arise from personal injury, loss, or damage incurred to me, or by me, during my participation in volunteer activities at or for APC. _____ (initial of volunteer/guardian)	
* I understand that APC may require a fingerprint scan /criminal background check and/or TB test if I am working directly with APC youth. _____ (initial of volunteer.guardian)	
* I understand that the state of California may require AB506 certification if I am working directly with APC youth. _____ (initial of volunteer/guardian)	
<b>Signature of Volunteer Participant or Legal Guardian of Minor. By signing below,</b>	
<ul style="list-style-type: none"> <li>• <i>I attest that the above information is accurate and correct to the best of my knowledge.</i></li> <li>• <i>I have carefully read this release and understand and agree with its terms and conditions.</i></li> </ul>	
Adult Participant Signature: _____ Date: _____	
Parent/Guardian's Name if volunteer is under 18: _____	
Parent/Guardian's Signature: _____ Date: _____	