Individual Volunteer Waiver

Alameda Point Collaborative (APC) welcomes volunteers in many capacities. Before beginning your volunteer service, please print out and complete this form, then **email it to veronicau@apcollaborative.org before the first time you volunteer. Add VOLUNTEER WAIVER to the subject line of your email.**

Volunteer Name	
Organization Serving With	
Phone	
Email	
Address	
_____	*If checked, please do not send me photos, updates, or news about Alameda Point Collaborative*

Emergency Contact Information: In case of emergency, please contact: *Name:*
Phone:
Relationship:

Volunteer Agreements:

In signing this Liability Waiver, I agree that I am willingly volunteering to participate in an APC service project.

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. I agree to behave in a responsible manner.

I agree to wear clothing and closed-toe shoes that will provide protection appropriate to the work conditions. 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. 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 or parent/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 or parent/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 or parent/guardian)

I understand and agree that depending on the type of volunteer work I will be performing, APC may require a fingerprint scan/criminal background check and/or a TB test, particularly if I am directly serving youth.

_____ (initial of volunteer or parent/guardian)

Signature of Agreement for Participant or Legal Guardian of Minor

By signing below,

- *I attest that the above information is accurate and correct to the best of my knowledge.*
- *I have carefully read this release and understand and agree with its terms and conditions.*

Adult Participant Signature: _____Date: _____

Parent/Guardian's Name if volunteer is under 18: _____

Parent/Guardian's Signature: _____Date: _____