## Volunteer Registration Form



## RETURNING VOLUNTEER

Last Name	First Name			MI
	Email			
		TIME VOLUNTEER		
Address			City	State
Zip	Phone		Group	
Emergency Contact		Phone		
Are you doing ma	andated hours for c	ourt or housing? Y	es □ No □	
Today's Date	Time In	Time Out	Total Hours	Area
arrangements between Metropolita becoming homeless. In consideratio coordinating, and making available follows:  1. I acknowledge and affirm that du service and cannot be eliminated w and property damage ("Injuries and who participates with me. I further Injuries and Damages can occur by due to other reasons. I understand to Metropolitan Ministries and any pa 2. I agree to the fullest extent allow its partners, its officers, directors, er connected with this experience, everagree to HOLD HARMLESS Metro conduct. I understand and intend the strength of t	wish to volunteer my services at vario in Ministries and organizations in the confor allowing me to participate as a vivolunteer opportunities at partner organization may participate at a vivolunteer opportunities at partner organization may participation as a volunteer, I ithout destroying the unique character of Damages") and I acknowledge and agacknowledge and agree that Metropolimatural causes or the conduct and actithat the risk of such Injuries and Damartners will not provide any medical orged by law, to unconditionally and absolutionally and absolutionally may be if caused by the negligence of Metropolitan Ministries and its partners, its hat this Agreement is binding upon my mistries and its partners, its assigns and see or share my story, likeness and image consent, my story, image, or likeness may rits partners. I further relinquish all riteread, understood, and received a copy of Ministries or any partner. I understard violating these policies may result in the intended to be as broad and inclusion, the remainder of this Agreement sead this document in its entirety and I chrisks, I agree to participate as a voluntary.	community with similar or compliment olunteer at Metropolitan Ministries' arganizations, I hereby agree and release may be exposed to hazards and risks, or of the experience. These inherent risk gree that Metropolitan Ministries and it it it is it is inherent in my partners have to writes of other persons, volunteer partinges is inherent in my participation as mechanical assistance, care, or service the behalf from any and all liability on act politan Ministries or its partners, its of officers, directors, employees, agents, as wheirs, executors, legal representatives a successors, and those acting under Me (estill or video) in connection with me any appear in the public media, including the still or interest to any furnished per of Metropolitan Ministries' Volunteer and that certain Volunteer Policies, including the still or interest to any furnished per of Metropolitan Ministries' volunteer and that certain Volunteer Policies, including the still or interest to any furnished per of Metropolitan Ministries' volunteer and that certain Volunteer Policies, including the still permitted by law. If any provishall not be affected thereby and shall agree to abide by all procedures and fronteer.	tary missions focused on helping that in consideration of Metropolitan Metropolitan Ministries and any participants of the second of the secon	e homeless and those at risk of Ministries locating, arranging, rtner organizations I engage with as therent in performing volunteer dangers of serious personal injury of or my safety or the safety of anyone my potential risks to me. I know that es, either as a result of negligence or e such risks. I further understand that es. ILITY Metropolitan Ministries and m Injuries and Damages in any way or those acting on its behalf. I further es, injuries, or losses caused by my third parties. the right to reproduce, publish, cropolitan Ministries and its partners ia, or as part of an advertisement to is. Interest of the product of the safety of
ordinii ond or imeric		ER FOR MINOR (VOLUNTEER UND		
I, as parent or guardian of the min				nteer are true. I give my permission for

such minor to participate as a volunteer and I agree individually and on behalf of said minor to the terms of this Agreement and Release.

SIGNATURE OF PARENT/GUARDIAN: \_

PRINTED NAME: \_\_\_\_\_

\_DATE: \_\_\_\_\_