



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

Volunteer Agreement and Release from Liability

In Signing this form, I understand and agree to the following terms and conditions related to volunteering my services to _____

(Please keep a copy of this form within each volunteers file for future reference)

Volunteers Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: _____.

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: _____.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: _____.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts , howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release _____ from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: _____.

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid drivers license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: _____.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature Date: __/__/____

Witness Signature Date: __/__/____

Volunteer's Phone Number:	(Home): () -	(Work): () -	
	Street	City	State Zip
Volunteer's Address: _____			

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.