



CCNH Volunteer Waiver Form

PLEASE PRINT:

Date of Application: _____ How did you hear about us? _____

Name: _____ Phone Number(s): _____
(First) (Middle) (Last) (Home) (Cell)

Address: _____
(#) (Street) (Apt. #) (City) (State) (Zip)

Date of Birth: ____/____/____ Email: _____
(Month) (Day) (Year)

Emergency Contact:

(1) _____
(Name) (Phone Number) (Relationship to you)

Do you have any physical or medical limitations that would prohibit some activities? (Intern If Yes – Please Explain)

In signing this Liability Waiver, I agree that I am willingly volunteering with Catholic Charities New Hampshire. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. I will follow all applicable Catholic Charities New Hampshire policies and procedures and the Code of Conduct. If I am not comfortable with a task I will immediately notify a staff member. I agree that I will wear proper clothing and shoes that I believe will provide protection according to work conditions. _____ (Initials)

Insurance Waiver: (Transportation Volunteers only): I understand that if an accident is to occur, my Insurance Policy is responsible for any injuries that occur to myself and any damage to my vehicle. _____ (Initials)

Release and Indemnity: I hereby release Catholic Charities New Hampshire, any and all sponsoring organizations or partners and property owners from any and all claims that may arise from or result in any expenses or personal injury. I agree to indemnify, hold harmless and defend, to the fullest extent permitted by law, Catholic Charities New Hampshire, its directors, officers, employees, agents, administrators, insurers, successors and assigns from and against any and all demands, claims, liabilities, suits, causes of action, judgments, damages, losses, penalties, and/or expenses of any kind or nature whatsoever, including attorneys' fees, arising, directly or indirectly, from or resulting, directly or indirectly, from my performance of services hereunder, however caused and regardless of any actions or omissions of Catholic Charities New Hampshire. _____ (Initials)

By signing, I certify that I have reviewed and understand this entire document and that all information is true and correct.

Volunteer Signature: _____

Parental Guardian Signature: (If under 18): _____

Date: _____