

Youth Volunteer Release and Waiver of Liability

****This form is required for all volunteers ages 14-17****

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO PERFORMING ANY VOLUNTEER ACTIVITIES FOR SAMARITAN'S PURSE

Statement of Faith: I understand that Samaritan's Purse is a Christian organization. I acknowledge that I have read the Statement of Faith and agree to abide by the ministry guidelines of Samaritan's Purse.

Code of Conduct: The commitment of Samaritan's Purse is "to serve and not be served." I agree to represent Jesus Christ in my attitude, behavior, speech, and dress and to demonstrate love and kindness toward one another and those being served. I agree to treat each person being served and his/her property with dignity and respect.

Volunteer Status / Insurance: I understand and acknowledge that I am a volunteer, not an employee, of Samaritan's Purse or their ministry partners. As a volunteer, I am not entitled to insurance or other benefits from Samaritan's Purse. I understand it is my responsibility to provide my own health, disability, liability, or accident insurance to cover my claims or damages from any injury, illness, death, or property damage I suffer while performing volunteer work for Samaritan's Purse.

Assumption of Risk / Release of Liability: As a volunteer for Samaritan's Purse, I understand that I will engage in hazardous work that involves a risk of illness, physical injury or death, and/or property damage. This work includes hard physical labor, heavy lifting, and exposure to environmental hazards. I agree to wear the appropriate protective equipment while volunteering and to follow all instructions of the team leader. I will let my team leader or the Samaritan's Purse staff know of any work I am unable to perform for any reason. Samaritan's Purse is not responsible for the safety or security of my personal property and I release Samaritan's Purse from liability for theft, damage, or destruction of my personal property.

Emergency Medical Care: I understand Samaritan's Purse will contact emergency medical personnel if I am injured while on a job site and will notify my emergency contact provided on this form.

Criminal History Policy and Acknowledgement: Volunteer applicants who have been convicted of crimes against minors or sexual offenses are prohibited from volunteering on any Samaritan's Purse project. Other felony convictions will require a clean record for at least five years after conviction. Samaritan's Purse reserves the right to restrict or deny volunteer opportunities to any applicant.

Ministry Photographs and Video: As a volunteer I agree to have sensitivity to homeowners when taking personal photographs or videos at a Samaritan's Purse worksite. I also understand, acknowledge, and agree that while volunteering with Samaritan's Purse, my activities may be photographed or videotaped. I consent to the use by Samaritan's Purse and/or its authorized representative of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos.

******Please see page 2 to complete this document******

MINOR VOLUNTEER INFORMATION (Volunteers, ages 14-17)

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Person to Contact in the Event of an Emergency:

Name: _____ Phone: _____

Please list any medical conditions or allergies below:

SIGNATURE OF MINOR VOLUNTEER

By signing below I acknowledge that I have read and understand the above release.

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN RESPONSIBLE FOR MINOR VOLUNTEER

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

*****Please execute below in front of a Notary Public*****

Signature of Parent/Legal Guardian: _____ Date: _____

_____ (State)

_____ (County)

I, _____, a Notary Public for said County and State, do

hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, _____.

Notary Public: _____

My commission expires: _____