

# POLICY MANUAL

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**Subject:** Volunteer Agreement &  
Release from Liability

**Effective Date:** 12/10/14

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**Initiated By:** Carroll Bagwell  
Human Resources Director

**Approved By:** Jay Crosson  
Chief Financial Officer

**Review Dates:** 11/15 JG

**Revision Dates:**

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## POLICY:

Cumberland Heights strives to protect the organization by requiring that any volunteers working regularly onsite, especially those participating in any form of maintenance, sign a hold harmless agreement.

## PROCEDURE:

### Volunteer Participation

The volunteer acknowledges:

1. That he/she has applied to assist Cumberland Heights as a volunteer and that he/she will not be paid for his/her services;
2. That he/she will not be covered by any medical or other group insurance coverage provided to the employees of Cumberland Heights; and
3. That he/she will not be covered by workers compensation benefits provided to the employees of Cumberland Heights.

### Releases

- For volunteers age 18 or above, see Adult Voluntary Agreement & Release from Liability
- For volunteers age 14-17, see Youth Voluntary Agreement & Release from Liability which requires consent from a Parent or Legal Guardian

## Adult Volunteer Agreement & Release from Liability

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I, \_\_\_\_\_, acknowledge that I have voluntarily applied to assist Cumberland Heights with designated volunteer activities.

I understand that as a volunteer I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Cumberland Heights, and that I will not be eligible for any Workers Compensation benefits.

I understand that I am knowingly releasing and holding harmless Cumberland Heights from any injury, accident or damage sustained while serving in a volunteer capacity.

I hereby affirm that I have read and fully understand the above.

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Volunteer Name (Print)

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Date

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Volunteer Signature

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Primary Phone #

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Address, City, State, Zip Code

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Witness Name (Print)

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Date

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Witness Signature

## Youth Volunteer Agreement & Release from Liability

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I, \_\_\_\_\_, acknowledge that I have voluntarily applied to assist Cumberland Heights with designated volunteer activities.

I understand that as a volunteer I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Cumberland Heights, and that I will not be eligible for any Workers Compensation benefits.

I, and my Parent/Legal Guardian, knowingly release and hold harmless Cumberland Heights from any injury, accident or damage sustained while serving in a volunteer capacity.

I hereby affirm that I have read and fully understand the above.

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Volunteer Name (Print)

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Date

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Volunteer Signature

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Primary Phone #

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Address, City, State, Zip Code

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Parent/Legal Guardian (Print)

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Date

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Parent/Legal Guardian Signature

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Primary Phone #

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Witness Name (Print)

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Date

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Witness Signature