

POLICY MANUAL

Subject: Volunteer Agreement &
Release from Liability

Effective Date: 12/10/14

Initiated By: Carroll Bagwell
Human Resources Director

Approved By: Jay Crosson
Chief Financial Officer

Review Dates:

Revision Dates:

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

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.

Volunteer Name (Print)

Date

Volunteer Signature

Primary Phone #

Address, City, State, Zip Code

Witness Name (Print)

Date

Witness Signature

Youth Volunteer Agreement & Release from Liability

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.

Volunteer Name (Print)

Date

Volunteer Signature

Primary Phone #

Address, City, State, Zip Code

Parent/Legal Guardian (Print)

Date

Parent/Legal Guardian Signature

Primary Phone #

Witness Name (Print)

Date

Witness Signature