

VOLUNTEER INFORMATION

Thank you for your interest in volunteering with A Will & Way, Inc. We are very excited to have you join us in our service to the community. Please read and complete the information below and return to info@awillandway.org.

A Will & Way, Inc. is an equal opportunity provider. The following information is required for each volunteer. Please be advised that a background check may be required when working with children. If you have undergone a background check within the past six (6) months you may request that a copy be provided by the previous party.

NAME: _____ DATE: _____

NAME OF BUSINESS/ORGANIZATION: _____

E-MAIL: _____ PHONE: _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

SPECIAL ASSISTANCE NEEDED? Yes No If yes, explain: _____

SERVICE/ SKILLS OFFERED: _____

WHAT ATTRACTED YOU TO THIS VOLUNTEER OPPORTUNITY? _____

WHAT DAYS AND HOURS ARE YOU AVAILABLE? _____

WHAT WILL BE THE DURATION OF YOUR VOLUNTEER SERVICE? ONE DAY WEEKLY
MONTHLY AS NEEDED

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with A Will & Way, Inc. And collaborating Organization and Entities, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies). 2. I hereby release that Organization, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Organization from any liability whatsoever in the event of injury or damage of any property to me or anyone else caused by me or representatives of my company or others. 3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of all relevant professionals/members to include any activity, whatsoever including death, personal injury and/or damage to property. 4. I also acknowledge that pictures, photos and/or videos may be taken during the time(s) of my volunteerism and that I may be captured therein. 5. I hereby release any and all rights to any and all pictures, photos and/or videos captured and acknowledge and agree that they may be used in a responsible manner for promotion by the Organization.

Date: _____

Volunteer: _____

Signature

Mae Dixon, President for A Will & Way, Inc.

Printed Name

Person voluntarily entering into this Release and Hold Harmless Agreement:

Signature

Printed Name