

## **Comprenew Volunteer Application Form**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In the event of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

\_\_\_\_\_ Work Phone No.: \_\_\_\_\_

In the event of an emergency, I have the following medical issues:

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### **RELEASE OF LIABILITY**

I understand the scope of the volunteer relationship is limited to a volunteer position and that no compensation is expected in return for services provided by the volunteer; that Comprenew will not provide any benefits traditionally associated with employment to the volunteer; and that the volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the volunteers service to Comprenew. \_\_\_\_initial

I understand there are medical and other risks to my personal safety involved in all aspects of volunteering. I understand that I am personally responsible for my own and my dependents' medical and liability insurance and that Comprenew does not provide any coverage for any volunteer. \_\_\_\_initial

I hereby release Comprenew and any of its affiliates or associations including all of its employees, directors and workers from any claims, demands, suits or causes of action against it that I, my heirs, my son/daughter, or personal representatives have or may have in the future with regards to any accident, injuries, losses, or damages to me or my property arising from my work performed as a volunteer. \_\_\_\_initial

I grant and convey to Comprenew all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Comprenew in connection with my providing volunteer services to Comprenew. ☐ Yes ☐ No

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **If volunteer is under the age of 18:**

I hereby grant permission for my son/daughter to be under the supervision of Comprenew Staff and for that person to make any medical or other emergency decision in the event that they are necessary. I do have appropriate insurance coverage for my son/daughter for any situation that could arise.

Signature of Consent of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_