



...because there's no place like home

A program of Catholic Social Services of Washtenaw

Individual Volunteer Consent Form

Signatures required for all participants (adults and minors)

By signing this acknowledgement and release, I acknowledge that I am volunteering my services at Neighborhood Senior Services of Catholic Social Services. I acknowledge that my participation is completely voluntary and is being undertaken without promise or expectation of compensation. I am aware that, in participating in any Neighborhood Senior Services project that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness, or death and I release and discharge Neighborhood Senior Services of Catholic Social Services, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer.

I have carefully read this acknowledgement and release, and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. **I certify that I am at least eighteen (18) years of age or I have had this document signed by my parent or guardian.** I further state that I am in proper condition for participating in these events. I agree to abide by the rules established by Neighborhood Senior Services of Catholic Social Services, and health and safety requirements.

Volunteer Name (**PRINT**) Volunteer Signature Date

Parent/Guardian Name (**PRINT**) Parent/Guardian Signature Date

Group Name (if applicable)

Address City Zip

Project/Event Name (if applicable)