



The Episcopal Diocese of Louisiana

The Right Rev. Morris K. Thompson, Jr., Bishop
Deacon Elaine Clements, Diocesan Disaster Coordinator eclements@edola.org 504-236-1133

ADULT VOLUNTEER AGREEMENT AND RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Diocese of the Episcopal Church of Louisiana, (hereinafter "the Diocese").

I, _____, acknowledge and state the following:

I have chosen to travel and to perform clean-up, remediation or rebuilding work for damage caused by a disaster.

I understand that this travel and work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that engaging in this activity involves certain risks, not all of which are foreseen. I am engaging in the project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing, and that the conditions might be hazardous to my health. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that the Diocese or my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects or property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to defend, indemnify and forever hold harmless the Diocese and its officers, directors, agents, volunteers, servants and employees, from any and all causes of action arising from or relating to my participation in this project, and travel or lodging associated therewith, including any damages including but not limited to claims of personal injury, sickness or loss of limb or life, even if said claims arise from injuries or illnesses caused by the sole negligence or fault of those hereby released.

If any vehicle owned or leased by, or otherwise in the possession of the Diocese or my supervising disaster organization or of any of their employees, supervisors or volunteers, is involved in transporting me, I understand that the transportation is being provided at my sole risk and that neither the Diocese or my supervising disaster organization or any of their employees, supervisors or volunteers or the driver of the vehicle is responsible for any accident involving the vehicle or any injury that I might suffer in connection with the transportation.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from the Diocese and the occupants, including any reference to names, addresses, or other identifying information I may choose to participate in additional activities on multiple or later dates, and this Volunteer Agreement and Release will apply to any activities in which I participate in the future. I hereby certify that I am at least 18 years old. If I agree to having my photograph taken by Diocesan communications staff or to allowing the use of photos I have taken, I understand that the Diocese has the right to use them for communications or fundraising.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ EMAIL: _____

PHONE NUMBER _____ GROUP NAME _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____



The Episcopal Diocese of Louisiana

YOUTH VOLUNTEER AGREEMENT AND RELEASE

Please read before signing, as this constitutes the agreement as a youth volunteer and the understanding of your working relationship as a volunteer with the Diocese of the Episcopal Church of Louisiana.

I, _____, acknowledge and state the following:

I have chosen to travel and to perform clean-up, remediation or repair work for damage caused by a disaster.

I understand that this travel and work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that engaging in this activity involves certain risks, not all of which are foreseen. I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time. By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to defend, indemnify and forever hold harmless the Diocese and its officers, directors, agents, volunteers, servants and employees, from any and all causes of action arising from or relating to my participation in this project, and travel or lodging associated therewith, including any damages including but not limited to claims for personal injury, sickness or loss of limb or life, even if said claims arise from injuries or illnesses caused by the sole negligence or fault of those hereby released.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from the Diocese and the occupants, including any reference to names, addresses, or other identifying information.

YOUTH SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **EMAIL**
ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____
DATE: _____

PRINT NAME OF PARENT/GUARDIAN: _____

EMAIL ADDRESS OF PARENT/GUARDIAN: _____

EMERGENCY CONTACT: _____
PHONE:(_____)_____

CHURCH/GROUP NAME: _____ **GROUP**
LEADER: _____



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VOLUNTEER MEDICAL INFORMATION

I understand and acknowledge that in the event of an emergency it is the responsibility of my team leader to consent to and obtain necessary medical treatment on my behalf if I am unable to act and that the Episcopal Diocese of Louisiana is not responsible for obtaining or consenting to any medical treatment on my behalf. I further hold harmless the Episcopal Diocese of Louisiana from any liability for acting or failing to act in obtaining or consenting to any such medical treatment.

(PLEASE PRINT): Name

(first)

(middle)

(last)

Address _____

(street)

(city)

(state)

(zip)

EMERGENCY CONTACT

Name: _____

(first)

(middle)

(last)

Phone: _____

(with area code)

(day)

(evening)

Name: _____

(first)

(middle)

(last)

Phone: _____

(with area code)

(day)

(evening)

YOUR PHYSICIAN

Name: _____

Phone: _____

(with area code)



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VOLUNTEER MEDICAL INFORMATION

MEDICAL CONDITION:

List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications:

List any medications you are currently taking:

Date of your most recent Tetanus shot: _____

Other pertinent medical information: _____

MEDICAL INSURANCE: Good idea to bring your insurance cards or copies!!

Company _____ Policy No. _____

FOR YOUR PROTECTION, PLEASE KEEP A COPY OF THIS FORM WITH YOUR TEAM AT ALL TIMES.

It is not necessary to return this form to the Episcopal Diocese of Louisiana.