



Master Provisions Volunteer Information Sheet

All information must be completed prior to beginning work

**** Please Print ****

Today's Date: _____ Birthday: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Preferred Method of Contact: ___ Phone ___ Text ___ Email

Place of employment: _____ Church Affiliation _____

You are volunteering for (Please check if applicable):

Community Service ___ State Employment ___ Organization _____

If volunteering for *court-appointed* or *group*:

Name of Contact: _____ Phone: _____

Frequency of volunteering: ___ Today Only ___ Once per week ___ Once per month

Number of volunteer hours required (if applicable): _____

Emergency contact information:

Name: _____ Relation: _____ Phone: _____

Doctor: _____ Location: _____ Phone: _____

List allergies, medical conditions or restrictions:

*Master Provisions serves God by connecting resources
to needs until every physical and spiritual need is fulfilled*

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release) executed on this ____ day of _____, 2019, by _____ (the "Volunteer") in favor of Master Provisions, a nonprofit corporation, and its directors, officers, employees and agents. The Volunteer desires to work as a volunteer for Master Provisions and engage in the activities related to being a volunteer in the food center, clothing center and/or monthly mobile outreach (the "Activities"). The Volunteer understands that the activities involve physical labor, prolonged periods of standing and bending, and in proximity of mechanical warehouse equipment.

1. **Release and Waiver.** The Volunteer does hereby release and forever discharge and hold harmless Master Provisions and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with Master Provisions.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES MASTER PROVISIONS FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST MASTER PROVISIONS WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH MASTER PROVISIONS VOLUNTEER ALSO UNDERSTANDS THAT MASTER PROVISIONS DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INJURY IN THE EVENT OF INJURY OR ILLNESS.

This release is intended to and does include a complete release of liability for any claims and injuries arising out of the negligence, gross negligence, and recklessness of any other MP volunteer or employee/agent and that, but for this agreement, said volunteer would NOT be granted permission to perform volunteer services, as established between the parties, for or on behalf of MP.

2. **Medical Treatment.** The Volunteer does hereby release and forever discharge Master Provisions from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or service rendered in connection with the Volunteer's Activities with Master Provisions.

3. **Insurance.** The Volunteer understands that Master Provisions does not carry or maintain health, medical or disability insurance cover for any Volunteer.]

4. **Photographic Release.** The Volunteer does hereby grant and convey unto Master Provisions all right, title and interest in any and all photographic images and video or audio recordings made by Master Provisions during the Volunteer's Activities with Master Provisions including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

5. **Governing Law.** The Volunteer expressly agrees that this Release is intended to be as board and inclusive as permitted by the laws of the Commonwealth of Kentucky and this this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provisions shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first written above.

Volunteer: _____ Witness: _____