



## Volunteer Application and Release Form

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Work Cell

E-mail: \_\_\_\_\_

Are you representing a Group? Yes No (If yes, please fill out Page 3 entirely)

Group Name: \_\_\_\_\_

### Emergency Contact

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

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

Phone: \_\_\_\_\_ home work cell

Do you have any health issues that we should be aware of? Yes No

If yes, explain: \_\_\_\_\_

*In consideration for being accepted as a volunteer by COMPA Ministries (COMPA), I agree to the following:*

1. **No Employee Benefits:** I shall not be considered an employee for any purpose, and no type of workman's compensation, healthcare or employee benefits shall be provided for me by COMPA.
2. **At-Will Relationship:** I understand that my status as a volunteer may be terminated at any time by me, or by COMPA for any reason, with or without cause.
3. **Training:** I understand that certain volunteer activities require special training and I shall not undertake such activities without the required training. Volunteers are not allowed to operate forklifts or electric pallet jacks unless authorized by a COMPA employee.
4. **Rules:** I shall read and abide by all of the COMPA Volunteer Guidelines.
5. **Auto Insurance:** I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by Colorado law.
6. **Confidential Information:** I understand that information obtained through my work as a volunteer may be considered privileged or proprietary information of COMPA. I agree to keep all such information confidential except to the extent disclosure of such information is expressly authorized and directed by an official of COMPA. In particular, I agree to make no statements or release any information about COMPA to any news media except as expressly authorized by COMPA.
7. **Assumption of Risk:** I understand that some COMPA volunteer activities are potentially harmful. I assume all risks of working in an environment that includes, but is not limited to, lifting heavy boxes, working near moving belts and machinery, walking near or around pallets of product, standing on cement or asphalt, working on an elevated loading dock, or other potential dangers not expressly noted herein.

8. **Release from Liability:** I hereby release COMPA and it's agents, representatives, trustees, officers, employees, and volunteers from any and all liability whatsoever arising out of any damage, loss, or injury to me or my property incurred as the result of my volunteer activities. My estate shall hold harmless COMPA and its agents, representatives, trustees, officers, employees, and volunteers from any claims or actions by my relatives or legal representatives based on my death or injury as a result of my volunteer activities.
9. **Convictions:** I attest that I or any member of my group has never been arrested or convicted for a violent crime, any form of theft, child abuse or neglect, child pornography, kidnapping, rape or sexual offense, nor have been ordered by a court to receive mental health treatment in connection with any of the aforementioned offenses. **COMPA is committed to providing a safe workplace for our volunteers and staff.**
10. **COMPA Photo/Video Release:** I hereby give permission for images of myself, family, children, or group to be captured by staff or staff designees of COMPA Ministries (COMPA), through video, photo, or digital camera, to be used solely for the purposes of COMPA promotional materials, either electronic, print, digital or electronic publishing via the Internet and waive any rights of compensation or ownership thereto.

**For Parents/Guardians**

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM AND AGAINST ANY LOSS, LIABILITY OR CLAIMS ARISING OUT OF MY MINOR CHILDS PARTICIPATION AS A VOLUNTEER AT COMPA (SEE ATTACHED LIST OF NAMES).

\_\_\_\_\_  
Parent's or Guardian's Signature *(if volunteer is under age 18)*

\_\_\_\_\_  
Date

**For Group Leaders**

BY SIGNING BELOW, I CERTIFY THAT I HAVE AUTHORIZATION FROM THE ORGANIZATION I REPRESENT TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM AND AGAINST ANY LOSS, LIABILITY OR CLAIMS ARISING OUT OF THE PARTICIPATION OF ANY/ALL INDIVIDUALS IN MY GROUP AS VOLUNTEERS AT COMPA (SEE ATTACHED LIST OF NAMES).

\_\_\_\_\_  
Group Leader's Signature

\_\_\_\_\_  
Date

I have carefully read and fully understand the contents of the foregoing release, waiver, and indemnity agreement. I have voluntarily signed the COMPA volunteer release form, and further agree that no oral representations, statements, or inducement apart from the foregoing have been made.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Parent's or Guardian's Signature  
*(if volunteer is under age 18)*

\_\_\_\_\_  
Date

