



Project Open Hand™
meals with love

One Time Group Volunteer

Group's Name	9:00 AM-12:30 PM	Morning
	10:00 AM-1:00 PM	Senior Lunch
	12:00 PM-3:30 PM	Afternoon
Shift Date MM/DD/YY	3:30 PM-5:00 PM	Delivery
	5:00 PM -7:00 PM	Evening

Volunteer Information

First Name	Last Name	Date of Birth MM/DD/YY
------------	-----------	---------------------------

Email Address

Volunteer Agreement

In signing this form, I understand and agree to do the following:

1. I agree to **follow the policies and procedures** presented to me by the Volunteer Coordinator.
2. I agree to **keep confidential** Project Open Hand's records regarding previous and existing clients.
3. I acknowledge that I have **voluntarily applied** to be a one-time/short-term volunteer.

Release of Liability and Assumption of Risk

- I understand and acknowledge that **PROJECT OPEN HAND** is a charitable, non-profit organization incorporated under the laws of the State of California. All funds of **PROJECT OPEN HAND** are used specifically for the direct benefit and service to its clients; therefore, if I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that **my own health insurance coverage** will provide for any necessary medical treatment of care. I further understand that I am not covered under California State Worker's Compensation Laws.
- I am aware that volunteering for **PROJECT OPEN HAND** can be a potentially hazardous activity and I acknowledge that these potential hazards have been explained and discussed with me and I hereby waive, release and discharge any and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation as a volunteer for **PROJECT OPEN HAND**. This **Release of Liability and Assumption of Risk** is intended discharge in advance **PROJECT OPEN HAND**, its respective agents, directors and employees and any and all volunteers, their representative successor and assigns from and against any and all liability arising out of or connected in any way with my participation as a volunteer for **PROJECT OPEN HAND**, even though that liability may arise out of negligence or carelessness on the part of the persons or entries above mentioned.
- I further understand that serious accidents occasionally occur and that Volunteers occasionally sustain serious injuries as a consequence thereof. Knowing the risks of participating as a volunteer for **PROJECT OPEN HAND**, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, **Release of Liability and Assumption of Risk** is to be binding on my heirs and assigns.

Photo Video Release

I hereby irrevocably grant to you, your successors, assigns, agents and licensees, the right (but not the obligation), in perpetuity, throughout the world, to use (in any way you see fit, and without limitation) in and in connection with videos/photos by whatever means exhibited, advertised or exploited: (i) the video production, still photographs and/or recording of my voice taken or made of me by you; and (ii) my actual or fictitious name.

Yes: I do hereby release you, your successors, assigns, agents and licensees, from any and all claims, liabilities, and damages arising out of the rights granted hereunder, or the exercise thereof.

No: I do not authorize the use of video production, still photographs, and/or recording of my voice to be used by Project Open Hand.

Print First Name and Last Name	Today's Date MM/DD/YY
--------------------------------	--------------------------

Signature