



11335 Reed Hartman Hwy Suite 134 Cincinnati, Oh 45241

Email completed application to:

info@nlfurniture.org

Questions? Call 513-313-0530

VOLUNTEER RELEASE AND CONSENT FORM

Date Volunteering: _____ Group/Organization: _____

Volunteer Information (Please PRINT clearly):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell _____ Work _____ Home _____

Email: _____ Place of Employment/School: _____

Emergency Contact: _____ Emergency Phone: _____

Some volunteer positions require lifting up to 50 lbs. and/or climbing stairs.

Do you have any conditions that would restrict your ability to lift or carry up to 50 lbs. or climb stairs? YES NO

CONFIDENTIALITY

I understand that I may be given access to personal information regarding New Life Furniture, Inc. clients to the extent necessary to perform certain activities as a volunteer and I understand that this information is confidential and will not be disclosed by me to any outside party or agency either in written or verbal form.

RELEASE OF LIABILITY

I hereby release, indemnify, and hold harmless New Life Furniture, Inc., its officers, directors and employees, the participating agencies, the coordinating agencies, the organizers, sponsors, anyone acting on its behalf and supervision from all claims of liability in connection with any injury, death or property damage of any kind or nature whatsoever I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds, myself, my heirs, executors, administrators or anyone else who might claim on my behalf. I have carefully read the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

COMMUNICATIONS RELEASE

I hereby grant permission to New Life Furniture, Inc. to use my photograph, video, recordings or statements taken during volunteering on its World Wide Web site, social media sites, in other marketing materials, or in together public publications without further consent, and I acknowledge New Life Furniture, Inc.'s right to crop or treat the photograph at its discretion. I also acknowledge that New Life Furniture, Inc. may choose to use my photo at its own discretion, and to authorize any newspaper, company, or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of New Life Furniture, Inc., and any of its activities.

SIGNATURE: _____ **DATE:** _____

PARENTAL CONSENT/RELEASE – if under 18 years of age, a parent or legal guardian must sign the following. I hereby consent and agree, as a parent or legal guardian to all the terms and provisions above.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Name (Please Print) _____ Relationship to Minor _____