

# Tulpehocken Township Volunteer Application and Waiver Form

Name of Volunteer: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emerg. Contact Relationship: \_\_\_\_\_ Emerg. Contact Phone: \_\_\_\_\_

Date(s) and Time(s) Volunteer Work is to be Performed: \_\_\_\_\_

Description of Volunteer Work to be Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Organization Leader/Supervisor (if applicable): \_\_\_\_\_

Organization Leader/Supervisor Contact Phone: \_\_\_\_\_

## ACKNOWLEDGEMENT, WAIVER AND RELEASE

I, the undersigned participant, parent, or guardian (for participants under the age of 18), assume responsibility for all risks, hazards, and injuries incidental to the conduct of the volunteer activity, and I hereby release and absolve Tulpehocken Township, its officers, agents, and employees from any and all liability, claims, causes of action, or actions, including those for bodily injury and/or property damages sustained, arising out of or incurred in connection with my volunteer services on Tulpehocken Township property, and I hereby agree to indemnify and hold harmless Tulpehocken Township for any such liability, claims, cause of action, or actions.

I understand and acknowledge that I am a volunteer donating my time and services, and I will receive no compensation, salary, remuneration, or benefits for this service, and, by signing this agreement, I fully understand that I am not creating any employee/employer relationship with Tulpehocken Township.

In case of accident, injury, or illness, I hereby give my consent for emergency medical treatment. I agree that I shall be responsible for any and all medical expenses that are incurred as a result of treatment rendered to me. I understand that Tulpehocken Township does not provide insurance coverage to volunteers, and this is my personal responsibility.

If over the age of eighteen (18) and working with children, and if applicable, I understand that I am responsible to comply with all applicable Pennsylvania laws governing volunteers working with children. If criminal background checks and child abuse clearances are required, I will provide verification that such clearances have been obtained to Tulpehocken Township.

I further understand that (please initial each of the following):

- \_\_\_\_\_ I am not to appear for volunteer service under the influence of any illegal drugs, alcohol, or prescription drugs not prescribed to me. I agree to inform the supervisor if I am taking any medications that may impair my ability to perform volunteer duties.
- \_\_\_\_\_ I will abide by all Tulpehocken Township policies regarding personal conduct while performing volunteer services.
- \_\_\_\_\_ I agree not to go beyond the scope of volunteer work approved by Tulpehocken Township without authorization.
- \_\_\_\_\_ I understand that I must report any injury or illness that occurs while I am volunteering to my supervisor.
- \_\_\_\_\_ I grant permission to Tulpehocken Township to use any photographs or videos of my volunteer activity for publicity purposes.
- \_\_\_\_\_ Other:
- \_\_\_\_\_ I understand that either Tulpehocken Township or I may discontinue my volunteer services at any time without cause, and I may be asked to discontinue such services without prior notice or reason.

Public Record Notice: This form constitutes a public record pursuant to the Pennsylvania Right to Know Law and may be subject to disclosure, with redaction, in accordance therewith.

### SIGNATURES

**PARTICIPANT:** By signing below, I certify that I have read and agree to the above conditions and statements.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name of Participant

**PARENT/GUARDIAN (if participant is under 18 years of age):** By signing below, I give consent for the minor applicant to participate as a volunteer, subject to the terms and conditions set forth above and certify that I have read and agreed to the above conditions and statements.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name of Parent/Guardian