



Annual Adult Volunteer Information & Waiver

(July 2019-June 2020)



Date: _____

New Volunteer

Current Volunteer

Contact Information:

Name (please print clearly): _____

Cell #: _____ Home #: _____ Business #: _____

Email: _____ Check here if you do NOT want to receive our emails about what's happening at Veterans Heritage Project

Home Address: _____ City: _____ State: _____ ZIP: _____

Employer: _____ Occupation: _____

Emergency Contact Name: _____ Relationship to you: _____

Emergency Contact Phone #: _____ Alternate Phone #: _____

Volunteer Interest (Check all that apply)

Program Support	Organization Support
<p><input type="checkbox"/> Chapter Advocate: Are you a parent or previous veteran participant who would like to support your local school chapter? Assist with scheduling interviews, book reception planning, and more.</p> <p><input type="checkbox"/> Editorial Committee: Review and provide electronic copy edits of student essays to prepare for publishing. October – January.</p> <p><input type="checkbox"/> Presentation Coordinator: Coordinate veteran speakers and offer onsite support as needed.</p> <p><input type="checkbox"/> Scholarship Committee: Review essays utilizing criteria to vote on award selections. February only.</p> <p><input type="checkbox"/> Special Projects: Support program tasks in the office as needed.</p>	<p><input type="checkbox"/> Finance & Expansion Committees: Share your expertise in developing financial models and growth plans.</p> <p><input type="checkbox"/> Special Events: Committee members help sell tables, seek sponsorships and auction times, and plan and execute annual fundraising events.</p> <p><input type="checkbox"/> VHP Ambassador: Advocate for VHP's mission through exhibit support and testimonials.</p> <p><input type="checkbox"/> VHP Auxiliary: Leaders within the community, this dynamic group volunteers their time, talents, and resources to raises important capacity building funds through personal solicitations, corporate sponsorships, event sponsorships and table sales, and house parties.</p>

Other Skills You Wish to Share as a Volunteer:

VOLUNTEER RELEASE AND WAIVER OF LIABILITY AGREEMENT

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, PLEASE CONTACT AN ATTORNEY.

1. **Purpose.** I, (PRINT FIRST AND LAST NAME) _____, applied to Veterans Heritage Project (“VHP”), a non-profit corporation, to participate without pay as a volunteer to participate in activities at locations potentially throughout Arizona.

2. **Release.** In consideration for participating in VHP, I assume responsibility for all my actions while engaged in a VHP activity. I agree that I, my heirs, personal representatives, and assigns, will not make a claim or bring a lawsuit against VHP or its directors, officers, agents, employees, volunteers, suppliers, contractors, subcontractors, or attorneys (“Released Parties”) for injuries, illnesses or damages resulting from the negligent or intentional acts or omissions of the Released Parties. I waive and release the Released Parties from all actions, claims, or demands that I, my heirs, personal representatives, or assigns now have or may have in the future for injuries, damages or death resulting from my participation in any VHP activities.

3. **Indemnity.** I agree to indemnify and hold harmless VHP, or its directors, officers, agents, employees, volunteers, suppliers, contractors, subcontractors, or attorneys (the “Released Parties”) from any loss, personal injury, accident, misfortune or damage to myself or my property, caused or alleged to be caused in whole or in part by the negligence of the releasee [VHP], its volunteers or employees.

4. **Insurance:** I understand that VHP does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of VHP beyond what may be offered freely by VHP in the event of such injury or medical expenses incurred by me.

5. **Medical Treatment:** I hereby Release and forever discharge VHP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with VHP.

6. **Release of Media Rights.** I give to VHP all right, title, and interest I may have in any and all photographic images, video or audio recordings, interviews, and other written, visual, or broadcast media made, originated or created by VHP or its agents or employees during or in connection with VHP’s programs, including (but not limited to) any royalties, proceeds, or other benefits derived from such materials. VHP, without any cost, liability, or obligation to identify the source, shall have the right to use, publish, archive, and copy any and all photographic images, videos or audio recordings, interviews, and other written, visual, audio, or broadcast media in any format created by me in the course of my participation in any VHP activities

7. **Background Check.** Volunteers who support VHP Chapters by working with students in the classroom are required to follow applicable school district volunteer policies and procedures, including being subject to a criminal and sex offender background check and fingerprinting. By completing this application, I understand that I am submitting to such inquiry and verify this statement by **placing my initials here:**

8. **Read and Understood.** I have carefully read this Agreement and I fully understand its contents. I am aware that this is a legal contract between VHP and me and that it affects my legal rights. I also understand that by releasing VHP from liability, I am giving up certain rights that I would otherwise have. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions, and I verify this statement by **placing my initials here:**

9. **Intent of Agreement.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that in the event that any clause, sentence, or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the validity of that clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforceable.

Participant Signature: X _____

Signed in: _____, ARIZONA **On:** _____.
(City) (Date)

**PLEASE RETURN FORM TO INFO@VETERANSHERITAGE.ORG OR
MAIL TO: PO BOX 22058, PHOENIX, AZ 85028**