



TEAM JOY Short-Term Volunteer Registration

First Name: _____ Last Name: _____

Gender: M F

Date of Birth: __ / __ / ____ (required if under 18) Minimum Age: 13
• Under age 13 only with parent. Chaperones required for youth groups.

Email: _____

Are you volunteering with a group? YES NO

If yes, what is the name of your group? _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Initial Volunteer Service:

Drop-off Center Screening Center Office Other

Contact me about long-term Team Joy opportunities Need community service hours

Please read and sign

VOLUNTEER AGREEMENT, ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

I ACKNOWLEDGE THAT THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM AGREEING ON MY BEHALF AND ON BEHALF OF MY HEIRS, FAMILY, ESTATE, EXECUTORS, ADMINISTRATORS PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS TO RELEASE CROSS CATHOLIC OUTREACH, MEMBERS OF ITS BOARD OF DIRECTORS, AND ITS OFFICERS, EMPLOYEES, MEMBERS, VENDORS, OTHER PARTICIPANTS, VOLUNTEERS, CONTRACTORS AND AGENTS (COLLECTIVELY, THE "RELEASED PARTIES") FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

IN CONSIDERATION of the privilege of my participation in Cross Catholic Outreach's ("CCO") volunteer activities as described below (the "Program"), the undersigned individual states as follows:

1. I agree that any services I perform for CCO will be performed as a volunteer; and not as an employee or an independent contractor of CCO.
2. I have read the Statement of Belief (Mission/Vision/Faith/Values) at <http://www.crosscatholic.org/beliefs>. I will not do anything while serving as a volunteer that will detract from or be inconsistent with the Statement of Belief (Mission/Vision/Faith/Values). This includes being appropriate during all volunteer activities regarding language, dress, inter-personal relationships, and behavior. I have never been convicted of any crimes against minors or sexual offenses. I will follow any and all instructions and cautions of CCO while volunteering.
3. I have decided to become a volunteer for CCO solely in pursuit of my own personal interest in volunteer ministry service, and due to my support of CCO's ministry, mission and objectives. I acknowledge that I will serve as a volunteer in support of CCO's ministries that provide food, water, housing, education, orphan support, medical care, microenterprise and disaster relief – and the love of our Lord Jesus Christ – to the poorest of the poor in over 30 countries around the world.
4. I have no expectation of receiving wages, fees, in-kind compensation, workers' compensation, or benefits, or any future paid position or employment, in exchange for my volunteer ministry service. I will take personal responsibility for the security of my personal property while volunteering.
5. I understand and agree that CCO will not provide me any employee benefits, including health insurance, workers' compensation, unemployment insurance, or accident, motor vehicle or disability insurance, as a result of my service as a ministry volunteer. I further understand that I must provide my own motor vehicle insurance.
6. I understand and agree that my volunteer service can be discontinued by CCO or by me at any time and for any reason, with or without cause, and with or without advance notice.
7. I will at all times comply with CCO's policies and procedures and with all applicable federal and state laws.
8. **ASSUMPTION OF RISK.** CCO intends to make me aware, and I understand, that participation in the Program activities in support of CCO including, lifting, packing and transporting heavy objects, physical activity in natural environments, and transportation to various Program activity locations, exposes me to

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certain risks, hazards, and dangers that cannot be predicted or controlled, including, by way of example, the risk of personal injury (including the risk of death), accidents or illnesses in remote places (without the immediate availability of medical facilities), exposure to adverse weather conditions, exposure to biting insects and wildlife, including insects and wildlife that may carry disease, and exposure to viruses or other communicable diseases (both known and unknown), epidemics, and pandemics, including sickness, illness or death as a result of the COVID-19 pandemic (collectively, the "Inherent Risks"). I further understand and will remain aware of any local, state, and federal COVID-19-related guidelines or requirements such as social-distancing, the wearing of masks, or limits on the size of public gatherings, and I agree that I shall abide by such requirements when I participate in the Program. **There may be other risks, which may not be known by me, or predicted and controlled by CCO, and which could result not only in injury but in social, economic, or other kinds of losses either not known to me or not foreseeable at this time, and I acknowledge these are included within the Inherent Risks.** The Inherent Risks may be caused by my own actions or inactions, the actions of others, the conditions in which the Program takes place, or the negligence of the "Released Parties" named below. I also understand that the Program activities of any kind require physical exertion and any participant should be in good physical health. I further understand it is my responsibility to provide adequate clothing for myself to participate. If I am not in good health, I realize this may create additional risk. **I FULLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH INHERENT RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred by me as a result of my participation in the Program.

RELEASE. I HEREBY RELEASE, DISCHARGE, AND AGREE NOT TO SUE CCO, and any of its directors, agents, officers, affiliates, volunteers and employees, sponsors and vendors (including RMT Logistics) (collectively, the "Released Parties"), and each of them, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain, including attorneys' fees and costs, with respect to any and all property damage, economic loss, medical expense, personal injury, and other expense, injury, or harm and/or death arising directly or indirectly out of my participation in the Program, including without limitation any and all of those Inherent Risks described above. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities, **including but not limited to claims for negligence**, loss of consortium and wrongful death, but shall not apply to claims related to gross negligence, intentional and/or willful acts of misconduct.

9. APPLICATION OF COVENANTS AND UNDERSTANDINGS. The covenants and undertakings of this Acknowledgement and Release of Liability are given for and shall be binding upon my family, heirs, estate, next of kin, executors, administrators, legal representatives, guardians, beneficiaries, successors, and assigns.

10. INDEMNIFICATION. I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the Released Parties, and each of them, from and against any and all claims, demands, losses, damages, attorneys' fees and costs (including expert witness fees), expenses, and liabilities made against or incurred by any of them, including those for indemnity, contribution, or otherwise, arising from my participation in the Program and the Inherent Risks, whether resulting from claims, actions, or lawsuits asserted by me or by another person against the Released Parties, except to the extent prohibited by applicable law.

11. PHOTO AND RECORDING ACKNOWLEDGEMENT. I ACKNOWLEDGE that CCO may take photographs or film or digital recording of me and other participants during Program activities. I hereby authorize CCO and its agents to take, use, display, publish, reproduce, and distribute any and all photographs and recordings that include my image and to create derivative works based upon all such photographs and recordings, including use in media releases, reports on the findings of the Program, marketing and promotional materials, newsletters, and websites, social media, and electronic communications.

12. CONSENT TO EMERGENCY MEDICAL TREATMENT. Should I be injured or become ill while participating in the Program, **I CONSENT** to emergency medical treatment, and transport to a hospital or clinic for care. I certify that I am covered by a personal or group insurance plan that will cover medical, hospitalization, emergency transportation and treatment, and other expenses of treatment and care should I be injured or become ill while participating in the Program activities. I agree to pay all costs of medical treatment, transportation, or care incurred due to my illness or injury during the time participating in activities in the Program that are not covered by such insurance policy. I agree that no health or life insurance, accident or disability insurance, or unemployment insurance shall be provided for me by CCO.

13. MISCELLANEOUS: If any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision eliminated, and such invalid provision may be modified by a judicial tribunal (including an arbitrator) to make such provision enforceable, consistent with the parties' intent in entering into this document. I understand and agree that this document is intended to be as broad and inclusive as permitted under applicable law, and that this document provides the broadest release and waiver of claims as permitted under applicable law.

BY SIGNING BELOW, I ATTEST AS FOLLOWS: I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY; AND I HAVE HAD THE OPPORTUNITY TO REVIEW THIS DOCUMENT WITH LEGAL COUNSEL, IF I WISH, BEFORE SIGNING BELOW.

Volunteer Name

Volunteer Signature

Date

Box of Joy is a ministry of Cross Catholic Outreach.

