



**VOLUNTEER/COMMUNITY SERVICE
AGREEMENT & WAIVER**

DATE: _____ STORE LOCATION: _____

VOLUNTEER NAME: _____
(Print – first, middle initial and last name)

DATE OF BIRTH: _____ (month/day/year)

ADDRESS: _____ CITY/ZIP _____

PHONE NUMBER(area code): _____ EMAIL: _____

AVAILABILITY: ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun
 ___ Morning ___ Afternoon ___ Evenings

REFERRING AGENCY, SCHOOL, etc. _____

List Skills/Interest: _____

(By signing below, I specifically authorize Society of St. Vincent de Paul, its agents and its employees to make inquiries of courts, law enforcement agencies and other entities for records of criminal convictions. I understand that it is the intent of the Society of St. Vincent de Paul to deny participation to any person who has been involved in or convicted of a criminal activity that may be harmful to the Society of St. Vincent de Paul, the activity or the participants.)

I hereby acknowledge and accept that there are inherent risks involved in volunteer work. In consideration of this acknowledgement and my voluntary participation in activities relating to volunteering for the Society of St. Vincent de Paul, having read this waiver and understanding the risks involved in participating as a volunteer for the Society of St. Vincent de Paul and the agreement by the Society of St. Vincent de Paul to allow me to participate as a volunteer.

I hereby release, on behalf of myself, and my successors, heirs, assigns, executors and administrators, the Society of St. Vincent de Paul, its officers, directors, members and volunteers from any claims of liability or demand whatsoever, including but not limited to bodily injury, sickness, disease, death, property loss or damage, or any other loss or damage of any kind which may arise out of or in connection to my participation in the Society of St. Vincent de Paul volunteer activities, whether resulting from negligence or from some other cause.

I have read and understand the forgoing Waiver of Liability, and by signing below, I indicate my agreement. It is my intent to be legally restrained from asserting any claim connected herewith and I understand that this agreement is unconditional and my not be waived by any person for any reason whatsoever.

**SIGNATURE: _____ DATE: _____

****If you are under 18, a parent/guardian must sign the waiver. Age 16 younger must be accompanied by adult.**

Return completed form via fax: 313.393.3138; mail: 3000 Gratiot, Detroit, Michigan 48207; or at any SVdP store
Questions: call Volunteer Coordinator @ 313.393.2936. Visit our website www.svdp.org