



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

THIS VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY ("Release") is given on this ___ day of _____, 20___, by _____ ("Volunteer") in favor of Express -O of Love Diaper Bank, Non-Profit Organization.

Volunteer desires to work as a volunteer for *Express -O of Love Diaper Bank* and to engage in activities related to being a volunteer.

Volunteer freely, voluntarily, and without duress gives this Release under the following terms:

1. **Voluntary Participation.** No compensation of any kind is expected in return for services provided. No benefits traditionally associated with employment will be provided. Participation may be terminated at any time by *Express -O of Love Diaper Bank*.

2. **Assumption of Risks.** Services provided to *Express -O of Love Diaper Bank* may include hazardous activities including, but not limited to moving boxes, using plastic wrap with a cutting edge, using scissors, and other potentially sharp objects.

3. **Insurance and Medical Treatment:** *Express -O of Love Diaper Bank* does not assume any responsibility for or obligation to provide 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. I expressly waive any such claim for compensation or liability on the part of beyond what may be offered freely by *Express -O of Love Diaper Bank* in the event of such injury or medical expenses incurred by me. *Express -O of Love Diaper Bank* is released and forever discharged from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with my work on the projects.

I confirm that I am **NOT** presenting any of the following symptoms of COVID-19, **FEVER, SHORTNESS of BREATH, LOSS of SENSE of TASTE or SMELL, Dry Cough, Runny Nose, Sore Throat** _____ (initial).

I confirm (only one of the following)

- To the Best of my Knowledge, I have never contracted COVID-19 _____ (initial)
- (If applicable) I have had it but **RECOVERED** from COVID-19 _____ (initial)

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19 _____ (initial).

I verify that I have not traveled domestically within the United States in the past 14 days by commercial airline, bus or train within the past 14 days _____ (initial).

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT AND A RELEASE OF LIABILITY BETWEEN ME AND *Express -O of Love Diaper Bank* PARTIES. I SIGN IT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT, I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER.

Signature _____

Date _____

Phone # _____