

# VOLUNTEER SAFETY & LIABILITY WAIVER



United Way of Southeast Minnesota provides services in a manner that takes into consideration the needs of our community, while maintaining the safety of our staff and volunteers.

Please read and agree to the volunteer safety following protocols:

I will practice safe heavy lifting techniques including bending hips and knees to squat down to the load, keeping the load close to the body, and straightening legs to lift.

I will not volunteer if I have symptoms or have any reason to believe I could expose other volunteers to a contagious illness or virus.

I will wear comfortable clothes, take breaks as needed, drink plenty of water and/or otherwise stay hydrated during my volunteer shift.

## EMERGENCY CONTACT

1.	_____	_____
	Full Name	Phone
2.	_____	_____
	Full Name	Phone

I, \_\_\_\_\_, have read and agree to practice the above protocols during my volunteer shift with United Way of Southeast Minnesota, and I hereby assume all responsibility for any and all risk of property damage, bodily injury, or illness that I may sustain while participating in any voluntary projects, disaster relief effort, or other activity of any nature, including the use of equipment and facilities of United Way of Southeast Minnesota.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Phone

\_\_\_\_\_

Date

\_\_\_\_\_

E-Mail

I agree to be contacted by United Way of Southeast Minnesota via Email

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# VOLUNTEER PHOTO RELEASE



## PERMISSIONS

I give permission to the organization to do the following

*(initial any selections):*

Take my photo

Use my full name

Neither

\_\_\_\_\_

Full Name *(please print)*

\_\_\_\_\_

Date

\_\_\_\_\_

Volunteer Signature

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\*United Way of Southeast Minnesota will have stickers available to identify those who do not wish to be photographed

## TO BE COMPLETED BY UNITED WAY OF SOUTHEAST MINNESOTA STAFF (UWSEMNM)

\_\_\_\_\_

UWSEMNM Full Name *(please print)*

\_\_\_\_\_

Title

\_\_\_\_\_

Date

\_\_\_\_\_

Signature