



**The City Mission – Volunteer Agreement, Waiver & Release**

Printed Name: \_\_\_\_\_

Volunteer Position and/or Group name: \_\_\_\_\_

Volunteer Location: \_\_\_\_\_

Are you required to register as a sex offender?  Yes  No *Registered Sex Offenders will not be permitted to volunteer.*

I, the undersigned volunteer [“Volunteer”] of The City Mission or Laura’s Home [collectively, “City Mission”] agree and understand that the main purpose of this ministry is to rescue the poor and needy, evangelize, and minister to families and individuals of the greater Cleveland area by providing recovery and other services in Jesus’ name. I agree and understand that the population served by The City Mission has many diverse needs and conditions, which may include mental, spiritual, emotional, physical, and social maladjustments. I further understand that members of the client population may have difficulty under various circumstances in controlling their verbal and physical behavior, and that inappropriate behavior, including violence, is possible. With full knowledge of these conditions and other dangers inherent in the ministry client base, I hereby release The City Mission and its directors, employees, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at The City Mission, whether caused by clients of City Mission or non-clients. This release discharges The City Mission from any liability or claim that Volunteer may have against City Mission with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s activities with The City Mission, whether caused by the negligence of The City Mission or its officers, directors, employees, or agents. Volunteer also understands that The City Mission does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness resulting from Volunteer’s services with The City Mission.

I further understand that, as a volunteer of The City Mission, any and all information pertaining to individuals served by the ministry is strictly confidential. I understand that I must not divulge information about or discuss the clients residing at or participating in any event at any The City Mission facility with anyone not currently employed by The City Mission. I agree to hold in confidence any information about clients and donors which comes to my knowledge during my association with The City Mission. I agree that a photo or other reproduction of me or my likeness may be used by The City Mission for the advancement of its work.

I understand and acknowledge that either party may terminate this volunteer relationship at any time. I understand and agree that my services are voluntary in nature, and I have no expectation of any salary, compensation, benefit, or remuneration of any kind for my time. I also understand that The City Mission is a Christian organization, with the mission of ministering to those in need through the Gospel of Jesus Christ, the living son of the living God. The City Mission’s foundation of faith is that everyone is created equal and is able to receive salvation by the grace of God through Jesus Christ. I hereby agree to not share any different belief system with the clients, volunteers or staff at any The City Mission facility. The City Mission’s ministry is carried-out through faith in Jesus, and if my belief system does not share this same understanding, I agree to not interfere with The City Mission’s mission by offering different religious beliefs.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE CITY MISSION, AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, AND AFFILIATES AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES ENGAGED IN AT THE CITY MISSION PROPERTY OR ELSEWHERE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

Upon request, I agree to provide proof of licensure or certification prior to performing any professional or skilled task. Upon request, I also agree to provide references, and I hereby authorize The City Mission to verify any such information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date Signed

**If you are under 18 years of age, your parent or legal guardian must sign below.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date Signed