# Comprenew Volunteer Application Form

First: _____ Middle: _____ Last: _____

Preferred First Name: _____ Date of Birth (dd/mm/yy): _____

Address: _____ _____ _____ _____
Street Address City State Zip

Email Address: _____ Home Phone: _____

In the event of an emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Home Phone No.: _____

_____ Work Phone No.: _____

In the event of an emergency, I have the following medical issues:

_____

_____

_____

## RELEASE OF LIABILITY

I understand the scope of the volunteer relationship is limited to a volunteer position and that no compensation is expected in return for services provided by the volunteer; that Comprenew will not provide any benefits traditionally associated with employment to the volunteer; and that the volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the volunteers service to Comprenew. ____initial

I understand there are medical and other risks to my personal safety involved in all aspects of volunteering. I understand that I am personally responsible for my own and my dependents' medical and liability insurance and that Comprenew does not provide any coverage for any volunteer. ____initial

I hereby release Comprenew and any of its affiliates or associations including all of its employees, directors and workers from any claims, demands, suits or causes of action against it that I, my heirs, my son/daughter, or personal representatives have or may have in the future with regards to any accident, injuries, losses, or damages to me or my property arising from my work performed as a volunteer.____ initial

I grant and convey to Comprenew all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Comprenew in connection with my providing volunteer services to Comprenew. ☐Yes ☐No

Date: _____ Name: _____ Signature: _____

**If volunteer is under the age of 18:**

I hereby grant permission for my son/daughter to be under the supervison of Comprenew Staff and for that person to make any medical or other emergency decision in the event that they are necessary. I do have appropriate insurance coverage for my son/daughter for any situation that could arise.

Signature of Consent of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____ Date: _____