

Joy Junction

4500 2nd Street SW, Albuquerque, NM 87105

INFORMATION SHEET FOR VOLUNTEERS

Are you part of a group? Yes No

Are you a Veteran? Yes No

If YES, Name of Group & Leader: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Your Work Title or Position: _____

Professional / Vocational Skills: _____

Other Skills or Abilities (Hobbies, Special Interests): _____

Any limitations? (i.e., ability to lift up to 50 lbs., etc.): _____

Date(s) and time(s) you wish to volunteer: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please provide a photo ID to be copied and attached to this form. [Verified by Joy Junction Staff: _____ (initials)]



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VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on (date) _____ by (print name) _____ ("Volunteer") releases Joy Junction, Inc., a non-profit corporation organized and existing under the laws of the State of New Mexico, and each of its directors, officers, employees and agents. The Volunteer desires to provide volunteer services for Joy Junction, Inc., and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Joy Junction, Inc., is limited to a volunteer position and that no compensation is expected in return for the services provided by Volunteer; that Joy Junction, Inc., will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Joy Junction, Inc.

- **Waiver and Release:** I, the volunteer, release and forever discharge and hold harmless Joy Junction, Inc., and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from services I provide to Joy Junction, Inc. I understand and acknowledge that this Release discharges Joy Junction, Inc., from any liability or claim that I may have against Joy Junction, Inc., with respect to bodily injury, personal injury, illness, death or property damage that may result from services I provide to Joy Junction, Inc., or occurring while I am providing volunteer services.
- **Insurance:** Further I understand that Joy Junction, Inc., does not assume any responsibility for or obligation to provide me with 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, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Joy Junction beyond what may be offered freely by Joy Junction in the event of such injury or medical expenses incurred by me.
- **Medical Treatment:** I hereby release and forever discharge Joy Junction, Inc., from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Joy Junction, Inc.
- **Assumption of Risk:** I understand that the services I provide to Joy Junction, Inc., may include activities that may have inherent risks. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release Joy Junction, Inc., from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer service.
- **Other:** As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Mexico. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

I hereby certify that I have completed the Information Sheet for Volunteers and that I have read and I understand the Volunteers Guidelines and the General Liability Release. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Signature

Date

Print Name