



NEW VOLUNTEER FORM

THANK YOU for your contact information so we can:

- Keep your family together for future sign-ins
- More effectively communicate our events & projects with you
- Effectively plan upcoming events

Adult	Child	Relationship	LAST NAME	First Name	Gender	Birthdate	Language(s)

Relationships: spouse, child (son/daughter), relative (sibling/niece/nephew/aunt/uncle/etc.), non-relative, etc.

Primary Phone	Primary Email
Street	City Zip
Has a member of your household volunteered with us before? Please list his/her name.	
How did you hear about Grace Bridge?	
Areas of interest? <input type="checkbox"/> Monthly Distributions <input type="checkbox"/> Eye Care <input type="checkbox"/> Gardens <input type="checkbox"/> Resale Store <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Available weekdays <input type="checkbox"/> Other	

PLEASE AUTHORIZE LIABILITY AND PHOTO RELEASES BY

CHECKING THE BOXES AND PROVIDING YOUR SIGNATURE. THANK YOU!

By signing below, I acknowledge that I, on behalf of myself and my family, am volunteering at Grace Bridge on my/our own volition and accept all liability and risk associated with my/our volunteer activities. I/We hereby **release from liability** Grace Bridge, their agents and volunteers from any claims and damages arising from or during my/our volunteer activities.

I, on behalf of myself and my family, **authorize** Grace Bridge and its affiliated companies to **photograph and/or film** myself/my family, agree that all such materials become and remain the sole property of Grace Bridge, and release Grace Bridge from any liability arising from or in connection with the taking, use, publication or dissemination of such material.

I/myself/my family understand and agree to the following:

- While volunteering at Grace Bridge social distancing must be practiced and a face covering must be worn at all times.
- Those who have experienced any symptoms associated with COVID-19 which include fever, cough, shortness of breath, chills, loss of taste or smell and or have been out of the country in the last 30days will not be permitted to volunteer.
- Agree to self-monitor for signs and symptoms of COVID-19 and will contact Grace Bridge immediately if experiencing any symptoms of COVID-19.
- Know that participation includes possible exposure to COVID; release Grace Bridge from all risks related to illness and infectious diseases including but not limited to COVID-19.

☐ Liability Release

☐ Photo Release

☐ COVID Release

Signature: _____

Date: _____