



SOUTH HILLS INTERFAITH MOVEMENT

5301 Park Ave., Bethel Park, PA 15102

ATTN: Debi Dempsey, Volunteer Manager * ddempsey@shimcares.org

412-854-9120 ext. 106 * FAX: 412-854-9123

Approved: ___/___/_____

Staff Assigned: _____

GROUP - VOLUNTEER RELEASE – ADULT

Releases are good for one calendar year for the group name listed below. It is the individual's responsibility to update information accordingly.

(PLEASE PRINT CLEARLY)

Group Name: _____

Group Contact Name: _____

Date of Volunteer Activity: _____ 9/22/18 _____

Volunteer Profile:

Volunteer's Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

LIABILITY RELEASE

I understand that I accept the role as a volunteer with my group for a volunteer opportunity with SHIM. I also understand this opportunity has normal level of risk associated with such activity. I agree this form shall waive any rights, claims or responsibility or liability, or cause of action resulting from personal injury to myself while volunteering at SHIM. I also authorize SHIM to release information regarding myself, in the case of an emergency.

Signature _____ Date ___/___/___

MEDIA RELEASE

I authorize do not authorize SHIM to use photographs, video footage, or any other likeness of myself for promotional / volunteer service purposes only.

Signature _____ Date ___/___/___

EMAIL RELEASE

I authorize do not SHIM to send me information via email regarding SHIM volunteer opportunities, events, and programs. SHIM does not share its email lists with other businesses or individuals.

Signature _____ Date ___/___/___

Note: This form must be received by SHIMs Volunteer Manager prior to volunteer opportunity.