



## RELEASE FORM

### I AM HERE AS A:

Individual Volunteer     Church/Org/School Group     Short Term Missions Trip     Plunge Trip     Poverty Simulation

**Group/Church Name:** \_\_\_\_\_

**I am a:**     Senior Pastor     Youth Pastor or Youth Director     Staff Pastor or Ministry Director

**Full Name:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_    **Ethnicity** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_    **Alternate #:** \_\_\_\_\_    **Gender:**    M    F

**Email:** \_\_\_\_\_

**Service Area of Interest:** \_\_\_\_\_    **Occupation:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_    **Job Title:** \_\_\_\_\_

Corporate funders often ask whether any of their employees volunteer for our organization. If we do have some of their employees serve as volunteers they look more favorably on our request for support.

### **I heard about City on a Hill through:**

<input type="checkbox"/> I am a guest or former client	<input type="checkbox"/> Compassion Event	<input type="checkbox"/> Urban Plunge	<input type="checkbox"/> Walk in
<input type="checkbox"/> A City on a Hill staff member	<input type="checkbox"/> Church Presentation	<input type="checkbox"/> Service Group	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> City on a Hill website	<input type="checkbox"/> Short Term Missions trip	<input type="checkbox"/> Service Learning	<input type="checkbox"/> Other
<input type="checkbox"/> Online listing	<input type="checkbox"/> Missions – Poverty Simulation		

### **Voluntary Participation and Release**

I acknowledge by my signature below my voluntary participation in the activities of City on a Hill and give permission for my photograph/video image to be included in promotional materials used by the organization. I understand that City on a Hill's goal is to improve the lives of children and families in central city neighborhoods by providing holistic services based on Christian principles and values. I support their purpose and agree to honor the authority of the staff and those in leadership during my participation in program services and activities. I acknowledge that City on a Hill is a faith-based organization which adheres to Biblical principles and teachings. Although I may not personally agree with all their beliefs, I agree to neither act or speak in any manner that would contradict, misrepresent or violate their beliefs while volunteering.

### **Medical**

In case of an emergency, I give City on a Hill representative's permission to render first aid and/or seek treatment for me in a medical care facility; I give the medical care provider permission to administer the necessary treatment and I accept full financial responsibility for any services rendered.

### **Hold Harmless**

I hereby assume the ordinary risks incidental to the nature of the programs and activities in which I participate, including risks that are unforeseeable. I will hold harmless and indemnify City on a Hill, its directors, employees, agents and/or associates from any and all liability. I agree by my signature below that I will be responsible for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior on my part.

### **Donated Goods Policy**

City on a Hill's policies prohibit giving donated merchandise to volunteers or staff in exchange for labor or services rendered. Volunteers are not permitted to remove any materials or equipment from the premises of City on a Hill for personal use.

**Participant's Signature** \_\_\_\_\_    **Date** \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_ at (\_\_\_\_\_) - \_\_\_\_\_

Please list below any health conditions or limitations that could affect your participation, and any medications, foods or substances to which you are allergic:

\_\_\_\_\_