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**VOLUNTEER AGREEMENT**

**(TO BE COMPLETED BY VOLUNTEER OR AUTHORIZED GUARDIAN)**

Name:

Other Names You Use:

Name of parents/guardians (if applicable):

Address:  City:  State:  ZIP:

Phone:  Email:

Preferred method of contact:

Best time to contact you:

List allergies or medical conditions:

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| --- |
|  |

Driver’s License #:

Are you 18 years or older?  (If <18, a parent or legal guardian must sign.)

Name(s) of emergency contact:  Telephone (daytime):  (evening):

**PARTICIPATION AGREEMENT**

* I agree to not consume, use, possess, or be under the influence of any drug or alcohol products(s) while I am volunteering for Chosen Vision.
* I understand that any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in Chosen Vision will result in my dismissal.
* I acknowledge that volunteer duties can involve risks and the potential for injury; thereby assume all risk of personal injury or death, and property damage or loss from whatever causes, arising from such volunteer activities.
* If needed, I consent to Chosen Vision making a request for my driver’s license record and/or processing a criminal background check and fingerprinting. Results of any background investigations are under the control and security procedures of Chosen Vision.
* I release, relinquish, and remise Chosen Vision, its employees, agents and representatives from any and all causes of action or liability which I may have or which arises out of, or as a result of, the reports herein authorized or from any of my volunteering activities.
* I understand that my volunteer assignment with Chosen Vision may be terminated at any time. Reasons for termination may include, but are not limited to, anything that might be present on my driving record or criminal background check or termination of the volunteer program.
* I acknowledge that photographs and/or video may be taken for possible use in: news releases, internal publications, promotional and educational materials.

**Do you agree?**

I/We agree to the above statements and understand my/our agreement is indicated when this application is submitted.

Signature:  Date:

Print Name (when signing as a parent or legal guardian):

Updated MAY 2023