## Neighbor Neighbor

Thank you for your interest in volunteering at Neighbor to Neighbor! All information provided on this form will be kept confidential.

Name:			
Address:			
City:	State:	Zip:	
Mobile #:	Home #:		
Email:			
Please check which areas you are interested in volunteering:			
Clothing & Essentials Room			
Food Pantry			
Donation Station (hospitality/greeters)			
Special Events			
Do you speak multiple languages? If yes, please list:			
Do you have any physical limitations?			
Can you lift 25-40 pounds?	Are your h	ours court-mandate	ed?
Please indicate days available:	day □ Tuesday	□ Wednesday	⊐ Thursday  □ Friday
Times available: □ 8:30 - 10:30 a.m. O	r <b>R</b> □ 10:30 a.m.	- 12:30 p.m. <b>OR</b>	□ 8:30 a.m 12:30 p.m.
In case of emergency contact information	ו:		

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As a volunteer of Neighbor to Neighbor, I agree to abide by all policies and procedures as instructed by the organization. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work performed at the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature:

Date:

## Volunteer Agreement and Release from Liability

- 1. Voluntary Participation: I acknowledge that I have voluntarily agreed to participate in the Neighbor to Neighbor volunteer program ("Program"). I understand that as a volunteer I will not be paid for my services. that I will not be covered by any medical or other insurance coverage provided by Neighbor to Neighbor, and that I will not be eligible for any Workers' Compensation benefits.
- 2. Release: In consideration of the opportunity afforded me to participate in the Program, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Neighbor to Neighbor, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by Neighbor to Neighbor, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Program. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection to my participation in the Program.
- 3. I further consent to the unrestricted use by Neighbor to Neighbor and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me\_\_\_\_\_ (initial).

## OR

I do NOT consent to the unrestricted use by Neighbor to Neighbor and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me\_\_\_\_\_(initial).

## **Confidentiality Agreement**

As a volunteer at Neighbor to Neighbor, I will respect the confidentiality and privacy of clients and other volunteers whom I come in contact with during the course of my volunteer time.

Volunteer Signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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