



VOLUNTEER AGREEMENT AND LIABILITY RELEASE FORM

Voluntary Participation

I acknowledge that I have voluntarily agreed to participate in the Neighbor to Neighbor ("NTN") volunteer program ("Program"). I understand that volunteers are not paid for their services, are not covered by NTN's medical or insurance policies, and are not eligible for Workers' Compensation benefits.

Release of Liability

In consideration of the opportunity to participate in the Program, I agree that I, my assignees, heirs, and legal representatives will not hold NTN, its affiliates, officers, directors, or volunteers liable for any injury, death, or damage to property arising from participation in the Program. I waive and release any rights, claims, or causes of action related to such incidents.

Photo Release Check One: ☐ Granted ☐ Denied

I give consent for NTN or its authorized representatives to use photographs, recordings, or similar media of me for promotional purposes.

Travel Consent Check One: ☐ Granted ☐ Denied

I agree to participate in local area donation pick-ups, traveling in an NTN van with staff and at least one other volunteer.

Volunteer Name

Parent/Guardian Name (for volunteers under 18)

Volunteer Signature

Parent/Guardian Signature

Date

Date

Address

Address

Phone Number

Phone Number

Circle one: Work Mobile Home

Circle one: Work Mobile Home

Email Address

Email Address

Date of Birth (if under 18)
