



Society of St. Vincent de Paul

DIVINE MERCY CONFERENCE
617 3RD AVE. NW • FARIBAULT, MN 55021
OFFICE: 507-334-2100

Volunteer Application (please print):

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Personal Information (circle correct response):

Physical Limitations: No _____ Yes _____ (please explain) _____

Current or Former Work/Occupations: _____

List Previous Volunteer Experience: _____

Do you have a valid driver's license: Yes _____ No _____

Skills/Interests/Talents (list below):

1. _____
2. _____
3. _____

Volunteer Availability (circle all applicable)

Days Available: Monday Wednesday Friday

Times Available: Mornings Afternoons No Preference

Hours available per week (approximate): _____

What date are you available to begin: _____

In an Emergency, Notify:

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Volunteer Signature: _____ Date: _____

St. Vincent de Paul Center
Divine Mercy Conference
617 3rd Avenue NW
Faribault, MN 55021
Office: 507-334-2100

RELEASE AND WAIVER OF LIABILITY
This is a legal document that remains valid until rescinded.

Name _____

Full Address _____

Street

City

Zip

Phone _____ E-mail _____

In favor of St. Vincent de Paul Center, a nonprofit corporation, their directors, officers, employees, volunteers, and agents. The volunteer desires to work as a volunteer for St. Vincent de Paul Center and engage in the activities related to being a volunteer.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Activities. The Volunteer understands that the Activities may include tasks that are physical in nature (i.e., lifting, bending, stretching, etc.) or working in the St. Vincent de Paul Center office.

Release and Waiver. The Volunteer does hereby release and forever discharge and hold harmless St. Vincent de Paul Center and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with St. Vincent de Paul Center. Volunteer understands that this Release discharges St. Vincent de Paul Center from any liability or claim that the Volunteer may have against St. Vincent de Paul Center with respect to bodily injury, illness, death, or property damage that may result from the Volunteer's Activities with St. Vincent de Paul Center, whether caused by the negligence of St. Vincent de Paul Center or its officers, directors, employees, or agents or otherwise. Volunteers also understands that St. Vincent de Paul Center does not assume any responsibility for or any obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge St. Vincent de Paul Center from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with St Vincent de Paul Center.

Assumption of the Risk. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, lifting, transporting, loading and unloading of materials. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases St. Vincent de Paul Center from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer understands that the St. Vincent de Paul Center does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto St. Vincent de Paul Center all right, title, and interest in any and all photographic images and video or audio recordings made by St. Vincent de Paul Center during the Volunteer's Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota and that this Release shall be governed by and interpreted in accordance with the laws of the State of Minnesota. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

This Release and Waiver of Liability (the "Release") executed on _____ by _____
Date Signature or Guardian