



**NEW ORLEANS
MISSION**
BIG EASY. BIG HEART.
RESCUE • RECOVERY • RE-ENGAGEMENT

"The Place With a Heart...
For the Homeless, Hungry and Hurting"

EIN: 723 1151696

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The New Orleans Mission – Volunteer Agreement, Waiver & Release

Printed Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Email _____

Volunteer Position and/or Group name: _____

Are you required to register as a sex offender? Yes No **Registered Sex Offenders will not be permitted to volunteer.**

I, the undersigned volunteer ["Volunteer"] of The New Orleans Mission ["The Mission"] agree and understand that the main purpose of this ministry is to rescue the poor and needy, evangelize, and minister to families and individuals of the greater New Orleans area by providing recovery and other services. I agree and understand that the population served by The Mission has many diverse needs and conditions, which may include mental, spiritual, emotional, physical, and social maladjustments. I further understand that members of the client population may have difficulty under various circumstances in controlling their verbal and physical behavior, and that inappropriate behavior, including violence, is possible. With full knowledge of these conditions and other dangers inherent in the ministry client base, I hereby release The Mission and its directors, employees, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at The Mission, whether caused by clients of The Mission or non-clients. This release discharges The Mission from any liability or claim that Volunteer may have against The Mission with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's activities with The Mission, whether caused by the negligence of The Mission or its officers, directors, employees, or agents. Volunteer also understands that The Mission does not assume any responsibility for or 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 resulting from Volunteer's services with The Mission.

I further understand that, as a volunteer of The Mission, any and all information pertaining to individuals served by the ministry is strictly confidential. I understand that I must not divulge information about or discuss the clients residing at or participating in any event at any The Mission facility with anyone not currently employed by The Mission. I agree to hold in confidence any information about clients and donors which comes to my knowledge during my association with The Mission. I agree that a photo or other reproduction of me or my likeness may be used by The Mission for the advancement of its work.

I understand and acknowledge that either party may terminate this volunteer relationship at any time. I understand and agree that my services are voluntary in nature, and I have no expectation of any salary, compensation, benefit, or remuneration of any kind for my time.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE MISSION, AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, AND AFFILIATES AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES ENGAGED IN AT THE MISSION PROPERTY OR ELSEWHERE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

Upon request, I agree to provide proof of licensure or certification prior to performing any professional or skilled task. Upon request, I also agree to provide references, and I hereby authorize The Mission to verify any such information.

Volunteer Signature

Date Signed

If you are under 18 years of age, your parent or legal guardian must sign below.

Parent/Legal Guardian Signature

Date Signed

Printed Name of Parent Legal Guardian