



Contact: Sheila Moweta, Director of Volunteer Services
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Volunteer Registration Photo & Liability Release Form

Please **complete this form** and return to the registration table.

I understand that there can be camera crews and photographers filming on the day of my service at the Los Angeles Mission. My presence at the Mission constitutes my consent to be filmed or taped and to have my likeness and photograph used as part of the promotion and publicity of events and regular day-to-day volunteer activities.

Date: _____ Signature: _____

Name: (Print) Mr. Mrs. Ms. _____

Name of Company or Group: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

Email: _____

Place of Employment: _____

Do you use Twitter, Instagram, Facebook, blog??? Please post about your experience! Twitter/Instagram: @lamission; Facebook: thelosangelesmission. Mention the Los Angeles Mission in your posting and link to our site: www.losangelesmission.org. Thanks for helping us spread the word. ☺

**Los Angeles Mission
Volunteer Liability Release Form**

I, _____, the undersigned volunteer of the Los Angeles Mission, understand that I am not an employee of the Los Angeles Mission, and the Los Angeles Mission will not provide me with compensation, medical insurance, worker's compensation, or any other benefit of an employee of Los Angeles Mission. I acknowledge that I am donating my services and have no expectation or contemplation of compensation. I agree to forever discharge and agree to indemnify and to hold harmless the Los Angeles Mission and its officers, directors, employees, agents and subcontractors, against all damages, losses, claims, demands, costs and expenses, (including, without limitation, attorney's fees and court costs) and liabilities, as a result of personal injury, sickness, disease, death as well as property damage and expenses, of any nature whatsoever which may be incurred by me as a result of my volunteer activities.

Furthermore, I hereby assume all risk of personal injury, as well as property damage and expenses, of any nature, whatsoever which may be incurred by me in connection with my volunteer activities. I also understand that in the course and scope of my volunteer services, I may encounter individuals and circumstances that are typically found in a gospel rescue mission on skid row. This may include exposure to angry, intoxicated or violence prone guests who may be mentally and/or physically ill. I understand I may also be exposed to TB or other communicable diseases.

In the event of injury or illness, whether real or suspected, and I am unable to arrange otherwise, I authorize and give permission to Los Angeles Mission to take me or arrange for ambulance or other emergency transportation service to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication, and I assume the responsibility of all such medical and related transportation fees and expenses.

Date: _____

_____/_____
Volunteer signature / Name (please print)

All volunteers under the age of 18 must have a parent signature.

Parental Release Form

The undersigned parent(s)/guardian(s) of the above named volunteer under the age of 18 years of age hereby ratify and make the above agreements, acknowledgements, assumptions, indemnifications and releases.

Date: _____ Phone: () _____

_____/_____
Volunteer signature / Name (please print)