

# ULM Relief Volunteer Information

Make as many copies of this form as needed for each team member.

**Group/Church Name:**

**Dates of Volunteering:**

**Name:**

**Address:**

**City:**

**State:** **Zip:**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**For Rooming Purposes:** Sex - M F Age:

**Emergency Contact Information:**

**Name:**

**Telephone:**

**If you require special medical accommodations explain here:**

## LIABILITY RELEASE

Please read before signing as this constitutes the agreement and the understanding of a volunteer service with ULM Relief /Urban Life Ministries (ULM) and/or any agency affiliated with them. As a volunteer with the ULM and/or any agency affiliated with them, I confirm that I am not an employee of the ULM and/or any agency affiliated with them.

I \_\_\_\_\_  
(print name) acknowledge and state the following: I have chosen to perform volunteer labor resulting from Hurricane Katrina.

I fully understand that any activity or outdoor pursuit have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Mindful of these conditions, I FOREVER RELEASE AND DISCHARGE

the ULM and/or any agency affiliated with them, its personnel, board of directors and volunteers for any and all liabilities, claims, demands or causes of action that I may hereafter have for any injuries or damages arising out of my participation on the volunteer relief efforts for Hurricane Katrina. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH, PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED BY ME WHILE PARTICIPATING IN THE ABOVE.

I AGREE FOR MYSELF, MY CHILDREN AND MY HEIRS, REPRESENTATIVES AND ASSIGNS TO INDEMNIFY AND HOLD HARMLESS the ULM and/or any agency affiliated with them, its Board of Directors, personnel and volunteers for any and all losses of services or expenses arising from the activities contemplated by this agreement, including but not limited to reasonable attorney fees incurred by the ULM and/or any agency affiliated with them herein.

I understand that I am engaging in this project at my own risk and I assume the risk of any personal injury, damages, or loss whether physical, mental or emotional. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume personal responsibility for any damage or injury to my property or any personal injury I may sustain while involved in this project, and related medical costs and any other expenses. I understand that it is my responsibility to provide my own health, disability and accident insurance.

Emergency or Evacuation: In the event of an emergency which requires evacuation from either the ULM site or related work sites, I agree to follow the specific instructions of ULM staff as to time of evacuation and location to which I will evacuate. Upon arrival at evacuation location, I will sign in with ULM staff and wait for further instructions.

Site rules and regulations: I understand that certain rules and regulations are in place for the operations of the relief project and the safety of personnel and volunteers. I agree to conform to those rules and regulations as they are explained to me.

\_\_\_\_\_ Initial

## SUBSTANCE ABUSE POLICY

Our policy is to engage a work force free from alcohol abuse or the use of illegal drugs. Any volunteer who violates this policy will be disciplined. This may include termination, even for a first offense.

We strive to provide a safe and healthy work environment, free from the use of illegal drugs\* and abuse of alcohol and set forth the following rules:

- Volunteers may not consume alcoholic beverages or take illegal drugs on our premises.
- Volunteers may not report to work under the influence of drugs or alcohol.
- If you are convicted under any federal or state criminal drug statute, you must notify an officer of the firm within five (5) days. This will be grounds for termination.

*\*Legal drugs include prescribed and over-the-counter drugs which have been legally obtained and used for the purpose for which they were intended. Illegal drugs include any drug which is not legally obtainable, which may be obtainable but has not been legally obtained or which is being used in a manner or for a purpose other than as prescribed.*

\_\_\_\_\_ Initial

## POLICY PROHIBITING SEXUAL HARASSMENT

It is our policy, in accordance with providing a positive, discrimination-free work environment, that sexual harassment in the workplace is unacceptable conduct that will not be condoned.

Sexual harassment is unsolicited, nonreciprocal behavior by an employee or volunteer who is in a position to control or affect another person's job status and who uses the power or authority of that position to cause that employee or volunteer to submit to sexual activity, or to fear that he or she would be punished for refusal to submit.

Sexual harassment also includes any employee or volunteer conduct unreasonably interfering with another's work performance by creating an intimidating, hostile, or offensive working environment. Sexual harassment consists of a variety of behaviors by employees/volunteers directed to other employees/volunteers including, but not limited to, subtle pressure for sexual activity, inappropriate touching, inappropriate language, demands for sexual favors, and physical assault.

ULM Relief (ULM) will treat sexual harassment as any other form of misconduct. Employees/volunteers who engage in harassing behavior will be disciplined appropriately. Employees/volunteers who are sexually harassed are encouraged to discuss the situation with their supervisor or with an officer of the firm.

\_\_\_\_\_ Initial

## Liability Release, Substance Abuse Policy, and Policy Prohibiting Sexual Harassment agreed to and signed by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent/Guardian if volunteer is a minor

\_\_\_\_\_  
Witness Date

*Must be filled out by parent/guardian for volunteers under 18 years of age*