



Volunteer Request & Liability Form

Last Updated April 2013

Please complete and return to MedWish before you begin volunteering.

RETURN TO: MedWish International | volunteer@medwish.org | fax (216) 274-6380 | phone (216) 692-1685
17325 Euclid Avenue | Cleveland, Ohio 44112 - or - **Bring this with you when you come to volunteer.**

QUICK PRE-VOLUNTEERING CHECKLIST

I HAVE...

Closed-toed shoes This form, completed Clothes I can get dirty

Driving & parking directions at medwish.org/contact Reusable cup or water bottle (optional)

Volunteer Information

Name: _____ Date: _____

Email: _____

By providing your email address, you'll receive email updates about volunteering. You can unsubscribe at any time. If you'd also like to be added to our traditional mailing list, check here:

Phone: _____

Address: _____

City, State: _____ ZIP: _____

Date of Birth (some jobs are age restricted): ____/____/____

I am volunteering with the following group (if applicable) _____

How did you hear about us? Friend Online Through an organization Other: _____

Are you required to do volunteer service? No Yes Number of hours: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

LIABILITY RELEASE: THIS MUST BE SIGNED AND DATED BY ANYONE INTENDING TO VOLUNTEER FOR MEDWISH INTERNATIONAL. VOLUNTEERS UNDER 18 MUST HAVE A PARENT OR GUARDIAN SIGN.

I, _____ signing on behalf of myself and/or _____, a minor, as his/her legal guardian, have agreed to participate in the MedWish International program. I understand and agree that my participation is completely voluntary. I understand that my participation, including travel to and from any location on behalf of MedWish, carries with it a risk of death, personal injury, illness, and damage to property. **I assume all liability and responsibility and release MedWish International and Cleveland Clinic from any and all claims and/or liability.**

Volunteer activities may include lifting, using equipment, or other physical exertion, and it is my responsibility to oversee and choose appropriate work assignments and to consult with a physician if there are any concerns or questions about my taking on tasks. I acknowledge that MedWish International and Cleveland Clinic are not responsible for my safety under any circumstance and that it is my responsibility to decline any activity that I am not able to participate in; and as a condition of participation, I, on behalf of myself and/or said minor, do hereby release and MedWish International and Cleveland Clinic and their respective officers, trustees, employees, agents, sponsors and volunteers from all claims, costs, liabilities, expenses or judgment, including attorney's fees and court costs, which may arise out of or be in any way connected with his/her participation.

Signature of volunteer

Signature of of parent/guardian for under 18

Date

PHOTO RELEASE

In consideration of the acceptance of my volunteer application to participate as a volunteer for MedWish International, I authorize and give full permission to MedWish for use of my name and photograph, still or video, in connection with my volunteer activities and I consent to the use of such material or its reproduction in any manner and by any medium which MedWish deems appropriate. **NOTE: It is your responsibility to remove yourself from any photo if you choose not to sign below.**

Signature of volunteer

Signature of of parent/guardian for under 18

Date