



## VOLUNTEER QUESTIONNAIRE AND LIABILITY RELEASE FORM

Thank You for your interest in volunteering with MAE Organization, Inc. ("the organization"). Please complete this questionnaire and liability release form to provide us with necessary information and to acknowledge the risks associated with volunteering. Your participation is greatly appreciated.

**Personal Information:**

Full Name:		Date of Birth:	
Street Address:		City:	State:      Zip Code:
Cell: (    )-	Email Address:		
Emergency Contact Name:		Phone Number: (    )-	

**Volunteer Experience:**

1. Please briefly describe any previous volunteer experience you have, particularly related to homeless support or similar programs:
  
  
  
2. Why are you interested in volunteering with MAE Organization for the Homeless? What do you hope to contribute or gain from this experience?
  
  
  
3. Availability: Please indicate the days and times you are available to volunteer:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Availability	Y [ ]	Y [ ]	Y [ ]	Y [ ]	Y [ ]	Y [ ]	Y [ ]
Time							

4. Which program area are you most interested in volunteering for? Please indicate your preference by ranking the following options. Your preferences from 1 to 4, with 1 being your highest preference and 4 being your lowest preference:

Clothing & Toiletry Program (sorting and packing clothing)	Outreach Program and engagement (Preferred volunteer with social work experience)	Meal Preparation (Cooking meals from your home)	Holistic Support (Yoga, meditation, reiki, etc.)
Rank:	Rank:	Rank:	Rank:



## Liability Release Form – Volunteer

I, \_\_\_\_\_ [Participant’s Full Name], hereby acknowledge and agree that I am voluntarily participating in the Mae Organization, Inc (“the Organization”) programs and activities. I agree to the following terms and conditions:

1. **Assumption of Risk:** I understand and acknowledge that volunteering at the organization’s programs involves inherent risks, including but not limited to the risk of accidents, injuries, property damage, or other unforeseen events. I voluntarily assume all such risks and agree to release and hold harmless the Organization, its officers, board of directors, employees, volunteers, agents, and any affiliated entities from any liability resulting from volunteering at the Organization.
2. **Safe Conduct:** I agree to conduct myself in a safe and responsible manner during volunteering services at the Organization. I will follow any instructions or guidelines provided by the Organization's representatives regarding safety protocols, behavior, and compliance with applicable laws and regulations.
3. **Release and Waiver:** I hereby release, waive, discharge, and covenant not to sue the Organization, its officers, board of directors, employees, volunteers, agents, and any affiliated entities from any liability, claims, demands, actions, or causes of action arising out of or in connection with my volunteer work for the Organization. This includes, but is not limited to, any claims for personal injury, property damage, or wrongful death, whether caused by negligence, breach of contract, or otherwise.
4. **Health and Fitness:** I confirm that I am in good health and physically capable of participating in the volunteer programs at the Organization. I understand that it is my responsibility to inform the organization of any medical conditions, disabilities, or limitations that may affect my ability to safely participate in the program(s) and activities. I agree to follow any safety guidelines or instructions provided by the Organization and its staff.
5. **Indemnification:** I agree to indemnify and hold the Organization, its officers, board of directors, employees, volunteers, agents, and any affiliated entities harmless from any and all claims, damages, losses, or expenses (including attorney's fees) arising out of or in connection with volunteering for the Organization. This indemnification includes, but is not limited to, any claims brought by third parties arising from my actions, negligence, or misconduct during the volunteer duration.
6. **Emergency Medical Treatment:** In the event of any injury, illness, or medical emergency that may occur during volunteering at the Organization, I authorize the Organization and its representatives to seek and provide necessary medical treatment, including but not limited to, contacting emergency medical services, and administering first aid.

Furthermore, I understand and agree that Mae Organization, Inc. is not responsible for any medical expenses, including but not limited to hospitalization, treatment, or medication costs, that may arise from any injury, illness, or harm sustained during or as a result of my participation in the activities and volunteer programs at the Organization.

7. **Governing Law:** This Liability Release Form shall be governed by and construed in accordance with the laws of the state of Rhode Island, without regard to its conflict of laws principles.

**I have read this Volunteer Questionnaire and Liability Release Form carefully, understand its contents, and freely and voluntarily agree to its terms.**

Participant’s Full Name	Participant’s Signature	Date:
Participant’s Full Name (Child)	Parent/Guardian Signature (if participant is a minor)	Date:
Organization Representative Name and Title	Organization Representative Signature	Date