



Creating Community, Transforming Lives

INDEMNITY STATEMENT AND SIGNATURE

The Harvest Center of Charlotte~P.O. Box 668208~Charlotte, NC 28266~704-335-1616 (P)~704-335-8818 (F)
www.theharvestcenter.org

NAME (Please Print): _____ Date: _____

NAME OF VOLUNTEER GROUP: _____

PERSONAL INFORMATION:

1. Have you ever been charged with, arrested for, or convicted of a crime, other than a minor traffic violation? _____

If so, please explain the circumstances.

2. Have you ever been banned from any other volunteer opportunities/agencies? _____

If so, please explain the circumstances.

AFFILIATION(S):

Church/Location _____

Organization(s) _____

PERSONAL REFERENCES:

Please list the name, and contact information, for two individuals who are, sufficiently, familiar with you to provide a character reference.

Name	Relationship	Contact Number/email address
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1. _____

2. _____

I confirm that all the information provided on this Indemnity Statement is true, and correct, to the best of my knowledge. I give permission for THE HARVEST CENTER OF CHARLOTTE to verify the information I have provided. I understand that all information I have provided is held confidential.

In case of emergency, I give THE HARVEST CENTER OF CHARLOTTE permission to obtain medical help for me, and I release the agency from all liability associated with my treatment.

I take the following medications:

I am allergic to:

Volunteer's Signature: _____ Date: _____

INDEMNITY AGREEMENT

The Harvest Center of Charlotte will not assume responsibility for any liability arising out of a Volunteer's acts of service. Volunteers must agree to release, indemnify, and hold harmless, the Agency, Board, Program Participants, and their families/guardians, Team Members, or other Volunteers, from any liabilities, claims, or injuries arising out of my actions.

I have read, and acknowledge, the rules of protection, as well as the Rules for Your Protection in the Volunteer Orientation Packet:

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____

Volunteer Coordinator's Signature: _____ Date: _____