

TOWN OF MILFORD

VOLUNTEER SERVICE STATEMENT & RELEASE OF LIABILITY FORM



Name:
Address:
Email:
Phone:
Age: () 15 or under () 16-17 () 18+

I, _____, hereby make this Volunteer Service Statement and Release of Liability Form in order to provide – and to be authorized to perform – the following uncompensated services to my community:

Name of Event

Town of Milford -

(Department or Supervisor with Official Oversight Authority)

Between

Date(s)

(Time period in which work will be performed)

In performing the specified volunteer service(s), I acknowledge that:

- ❖ I am 18 years of age or older and know of no reason (medical or otherwise) which would prevent me from performing the tasks required;
- ❖ If I am under the age of 18, I have provided a parent or guardian signature on this form;
- ❖ I have acquainted myself with what is required to perform the tasks and represent that I have the skills and ability to perform them;
- ❖ I assume full responsibility for my own safety and the safety of others and, except where resulting from the negligence of the Town of Milford or its employees;
- ❖ I **release** and **hold harmless** the Town of Milford, its agents, employees and officers from any and all claims of any nature for any illness, bodily injury, or personal injury to me or damage to any property arising in any way from my participation in the above-described activity. I further acknowledge that this **release and hold harmless agreement** is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have voluntarily executed this document;

- ❖ I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Town of Milford and will honor the direction of Town of Milford officials to suspend or terminate this service;
- ❖ I understand that I am not an employee of the Town of Milford and that any duties I perform are as a volunteer without compensation, monetary or otherwise;
- ❖ I understand specific volunteer roles may have additional requirements that will be determined by the Department Head;
- ❖ Some volunteer assignments will require a background check. If applying for such a position, I understand I will be notified of this fact and will be required to provide the Town of Milford permission to have this done;
- ❖ The Town of Milford may take photos during the programs and events. The Town of Milford reserves the right to use photographs of participants taken for the purposes of advertising and promoting its programs. I authorize the Town to reasonable use of any and all images and statements of/by/about the participant during any part of a Town program for promotional purposes, including the internet;
- ❖ I have read and agree to the above conditions.

Dated this _____ day of _____, 20 ____.

Volunteer Signature	Printed Name:	Date
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Parent or Guardian Signature (if under 18)	Phone number of Parent/Guardian	Date
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The Town of Milford considers applications without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. The Town of Milford reserves the right to utilize, or not utilize, the services of volunteers.

APPROVAL (to be completed by Dept Head)

You are hereby recognized and approved as an uncompensated Volunteer for the project listed above. Your tenure as a Volunteer will continue until your resignation or termination by the Town/Designee /Project Supervisor, or the end of the project, whichever comes first.

We thank you for your offer of time and services, and look forward to a productive relationship.

Town/Designee/Project Supervisor Signature: _____ Date _____

Department Head: _____ Date: _____