



Mercy Center for Women
1039 E 27th St. Erie, PA 16504
Phone: 814-455-4577 Fax: 814-459-7012
www.mcwerie.org

Volunteer Group Registration

1. Thank you for your group's interest in volunteering with the Mercy Center for Women (MCW). Please read and complete this registration form thoroughly. Failure to provide all information may result in the cancellation of your reserved volunteer day. *PLEASE PRINT CLEARLY.*
2. Please return this form to the MCW office at least one week prior to your reserved volunteer day. *Your reserved volunteer day will not be confirmed until this form is completed and returned to the MCW office.*
3. Due to COVID-19, we ask that you wear a mask when in the building and practice social distancing.

Group Leader Contact Information

Name _____ Date _____

Address _____
Street Address _____ *Apartment/Unit #* _____

_____ *City* _____ *State* _____ *ZIP Code* _____

Phone _____ Email _____

Occupation/Affiliation _____

Organization/Group Information

Group Name _____

Business Organization Church School Other _____

Address (If different from above) _____

City _____ State _____ Zip Code _____ Phone _____

Fax _____ Website _____

Volunteer Information

Please use the Sign-In Sheet to list all MCW volunteers.

- Be sure to list volunteers according to their scheduled hours. (E.g., If the volunteer is working from 8 AM -12 PM, his/her/their name and information needs to be completed for the appropriate shift. If the volunteer is working all day, please put the information in both shifts)
- For Youth Groups: There must be an adult for every FIVE youth under the age of 18. Please indicate the adult supervisor(s) on the Sign-In Sheet. Thank you for your cooperation. We look forward to seeing you!

For Office Use ONLY

Date Received _____ Scheduled Date _____ Confirmed Group Size _____

Notified of Work Location YES NO Location _____

Other _____

Mercy Center for Women Volunteer Release, Waiver of Liability, and COVID-19 Assumption of Risk

Please read this form and complete thoroughly. This must be completed before volunteering on behalf of the Mercy Center for Women. PLEASE PRINT CLEARLY. Thank you!

Please copy and distribute to all group volunteers.

Volunteer Information Date ___/___/___

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Phone (Cell) _____ (Home) _____ Email _____
Group Name/Organization _____

YES, I would like to be added to MCW's mailing list to receive the *Empower!* Newsletter and updates on upcoming events.

Emergency Contact Information

In case of emergency, please contact _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____
Phone (Cell) _____ (Home) _____ (Work) _____
Please list any special needs/accommodations _____

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this ___ day of _____, 20___, by _____ (the "Volunteer") in favor of the Mercy Center for Women, a nonprofit organization, their directors, officers, employees, and agents (collectively, the MCW).

The Volunteer desires to work as a volunteer for the MCW and engage in activities related to volunteering (the "Activities"). The Volunteer understands that the Activities may include working at the MCW offices, general maintenance/painting, and/or rehabilitating the former Holy Rosary School located on the MCW campus. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

- **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless MCW and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's Activities with MCW.
 - Volunteer understands that this Release discharges MCW from any liability or claim that the Volunteer may have against MCW with respect to any bodily injury, personal injury, death, or property damage that may result with the Volunteer's Activities with MCW, whether caused by the negligence of MCW or its officers, directors, employees, or agents, or otherwise. Volunteer also understands that MCW does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- **Medical Treatment.** Volunteer does hereby release and forever discharge MCW from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment, or service rendered in connection with the Volunteer's Activities with the MCW.
- **Assumption of Risk.** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, loading and unloading items, handling materials, and transportation to and from the work site. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases MCW from all liability for injury, illness, death, or property damage resulting from Activities. **Each Volunteer is expected and encouraged to obtain his/her/their own medical or health insurance coverage.**
- **Photographic Release.** Volunteer does hereby grant and convey unto MCW all right, title, and interest in all photographic images and video or audio recordings made for MCW during the Volunteer's Activities with MCW, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- **Other.** Volunteer expressly agrees that this Release is intended to be broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this Release shall be governed and interpreted in accordance with the laws of the State of Pennsylvania. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. Misconduct of a sexual nature within the organization interferes with its moral mission and will not be tolerated. MCW seeks to create an environment of hospitality for all persons which is free of misconduct of a sexual nature and encourages respect, equality, and kinship within the MCW and beyond.

COVID-19 ASSUMPTION OF RISK. I expressly affirm that I am aware of the public health directives recommending social isolation and distancing in response to the current COVID-19 pandemic. I affirm and attest that I am not currently or have not exhibited within the last 72-hours COVID-19 related symptoms, such as: sore throat, cough, shortness of breath, and/or fever nor have I been exposed to individuals exhibiting the same. I am further aware and affirm that MCW cannot prevent the possibility of exposure to COVID-19 at its facility or during my transportation to and from its location. I am aware and affirm that volunteering at MCW involves risk of exposure from staff, other volunteers, and/or MCW residents. I am expressly aware of and affirm the potential health risks that may occur if I am exposed to COVID-19, up to and including death, and that my exposure brings with it the possibility of my exposing others, including members of my household or other communities. I acknowledge and I am aware of CDC and other public health recommendations concerning risks COVID-19 exposure presents to individuals in certain age groups and/or with high risk health conditions. **I affirm that this waiver, in its entirety, includes any and all liability or claim that I, the volunteer may have against the MCW, with respect to any exposure I may have to COVID-19 as a volunteer.**

IN WITNESS WHEREOF, the Volunteer has executed this Release as of the day and year first above written.

Volunteer (Signature) _____ **Parent/Guardian (>18)** _____

Mercy Center for Women Confidentiality Statement

Please copy and distribute to all group volunteers.

It is the policy of the Mercy Center for Women to provide high quality, ethical professional, and confidential services to our clients, volunteers, and donors. It is the responsibility of all personnel (paid and unpaid) to maintain confidentiality of information which one has access to directly or indirectly.

All information contained in client files, volunteer and donor records are to be kept in strict confidence. Additionally, any information overheard, witnessed, or read concerning our clients, volunteers, and donors is considered privileged information and is therefore confidential.

I have read the above statement, reviewed it, and agree to adhere to the Mercy Center for Women's Confidentiality Statement. Non-compliance with this statement will result in immediate termination.

Volunteer Signature _____

Date _____

Witness Signature _____

Date _____