



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

**Volunteer Application**

1. Thank you for your interest in volunteering with the Mercy Center for Women (MCW)! Please read and complete this form thoroughly. *PLEASE PRINT CLEARLY.*
2. Some volunteer options are temporarily unavailable due to COVID-19. We ask that you wear a mask and practice social distancing guidelines while in the building and the surrounding campus.

**Applicant Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever volunteered in any capacity? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 Preferred Volunteer Area \_\_\_\_\_  
 Please indicate any skills or talents you may have \_\_\_\_\_  
 Are you currently employed?  FT  PT  Self  Retired  Unemployed

Languages you speak \_\_\_\_\_ Can you read and translate that language? \_\_\_\_\_

Is this volunteer experience for service hours? \_\_\_\_\_ If yes, please state location, contact person, hours needed for completion, and due date. \_\_\_\_\_

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) \_\_\_\_\_  
 Preferred hospital \_\_\_\_\_ PCP \_\_\_\_\_  
 Please list any special needs/accommodations \_\_\_\_\_

**Availability**

MCW office hours are 8:00 AM – 4:00 PM. Please indicate if you would prefer morning or afternoon hours. We will do our best to accommodate!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Office Use ONLY**

Date Received \_\_\_\_\_ Scheduled Date \_\_\_\_\_ Tour \_\_\_\_\_ Training \_\_\_\_\_ Clearances \_\_\_\_\_  
 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!

**Volunteer Information**    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**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)** \_\_\_\_\_