

**GROUP NAME** (if applicable): \_\_\_\_\_



**Assistance League of Tucson**

1307 N Alvernon Way  
Tucson, Arizona 85712  
520-326-8452 / altucson.org

**Community Volunteer Agreement Form**

**Prior to any volunteer work conducted on behalf of Assistance League of Tucson, this form must be completed and submitted to the Administrative Assistant.**

As a community volunteer, I understand that I may work only while under the supervision of a member, that I am subject to the same rules and regulations as members, and that I may volunteer no more than twice without approval of the President or Member Services. I also understand that I may not volunteer for program activities that involve direct contact with children (e.g., Operation School Bell dressings) or that require me to handle money.

Community Volunteer's Legal Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Liability Release and Indemnification and Photo Release**

I, \_\_\_\_\_, understand that Assistance League of Tucson is a volunteer organization in the state of Arizona. In signing this form, I understand that as a community volunteer, I hereby release Assistance League of Tucson and its officers, directors, agents, and all member volunteers from all responsibility or liability for any and all loss, damage, or injury of any kind to me or to my property related to or arising from my participation as a volunteer, whether or not foreseeable to me at this time and whether or not caused by negligence of Assistance League of Tucson's officers, directors, agents, or any member volunteer or otherwise. Further, I agree to indemnify and hold harmless Assistance League of Tucson, its officers, directors, agents, or any member volunteer from any claim, demand, damage, liability, cost, or expense, including attorney's fees and expenses, related to or resulting from my activities as a community volunteer with Assistance League of Tucson.

I agree to allow Assistance League of Tucson, Inc. (Assistance League) to show, televise, publish, sell, publish on Assistance League website or on any other internet site or through use of any other media, transmit through any electronic media, transfer title to, and copyright all still and motion pictures taken of me. I allow the use of my photograph and my name for advertising and publicity purposes by Assistance League or other organizations associated with Assistance League.

I hereby waive and release for myself and for my community property all claims for any compensation or damages for use by Assistance League or organizations associated with it of pictures of me or use of my name. I hereby indemnify and hold Assistance League and any organizations affiliated with it harmless against any and all claims of damages arising out of the taking or the use of pictures of me or the use of my name.

## Sponsoring Member Information and Responsibilities

All Community Volunteers must be accompanied by an Assistance League member while volunteering.

Sponsoring Member's Name: \_\_\_\_\_

I understand that as the sponsoring member of a Community Volunteer (CV) that I will work alongside the CV 100% of the time that they are volunteering at Assistance League.

**We have carefully read this Community Volunteer Agreement form and fully understand its contents.**

\_\_\_\_\_  
Community Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Member's Signature

\_\_\_\_\_  
Date

*Place this completed form in the orange filing tray to the right of the supply closet in the Administrative Assistant's office.*

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### **Special Circumstances** to volunteer more than two times needs President or VP, Member Services approval

**Situation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If President or VP, Member Services is not in the office when this form is completed, please place the form in the orange filing tray to the right of the supply closet in the Administrative Assistant's office with a note attached to request approval.*

Approved:

\_\_\_\_\_  
President or VP, Member Services  
(circle one)

\_\_\_\_\_  
Date