



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I _____, agree to work for NAMI San Joaquin County as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do the volunteer work and that NAMI San Joaquin County is not responsible for setting my volunteer work schedule. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits either upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, talking, and traveling to various locations within San Joaquin County and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for NAMI San Joaquin, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue NAMI San Joaquin or its employees, agents or contractors or board members for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of NAMI San Joaquin as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE NAMI San Joaquin AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF MY VOLUNTEER SERVICE, I AM NOT COVERED BY A WORKERS' COMPENSATION PROGRAM. I authorize NAMI San Joaquin to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand and agree that if during my volunteer services with NAMI San Joaquin County I use my personal vehicle to transport myself or any other volunteer(s) that I will carry the proper automobile insurance as required by the State of California and will maintain the proper DMV licensing that allows me to operate a vehicle without restriction.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date

Volunteer Signature

Printed Name

Date

[Nonprofit] Representative Signature

Printed Name