

CRANFORD FAMILY CARE ASSOCIATION, INC.

VOLUNTEER EMERGENCY CONTACT, WAIVER AND RELEASE

Date: _____

Name: _____

Address: _____

Cell phone number: _____

E-mail address: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Cell phone number: _____

E-mail address: _____

Any allergies, medications or other information needed in case of emergency: _____

Release and Waiver of Liability

By signing below, I acknowledge that I have voluntarily applied and chosen to volunteer for Cranford Family Care Association, Inc., a nonprofit corporation organized and existing under the laws of the United States as a Section 501(c)(4) tax exempt corporation ("CFC"), and this release is in favor of CFC and its directors, officers, employees and agents.

I, the above named Volunteer, desire to work as a volunteer for CFC and engage in activities related to being a volunteer at CFC, which may include but are not limited to working at food pantry and/or food drives, community service activities in the town of Cranford or surrounding towns, delivering meals to clients, _____. [LIST OTHER VOLUNTEER ACTIVITIES] (the "Activities"). I understand that the Activities may include physical labor or hazardous conditions at any point in time. I understand that the scope of my relationship with CFC is limited to a volunteer position and that no compensation is expected in return for services provided. I understand that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of participation in the activities of CFC.

I hereby freely, voluntarily and without duress execute this Release under the following terms: