

**MOUNT MERCY COLLEGE---STUDENTS, FACULTY AND STAFF!**

The following volunteer activity sheet and waiver are needed so that 1) liability issues are covered and 2) the National Corporation for Community Service and the local Weed and Seed program can collect accurate data and 3) the Mount Mercy MLK Day Committee can contact you quickly and efficiently. Since this is the first ever Community -Wide MLK Day here in Cedar Rapids the task force is trying to organize a lot of people in a short time. Mount Mercy has the challenge and privilege of being a core community that can contribute greatly to this day. THANKS for being part of it! Note: Items with an asterisk (\*) are for MMC use only and will be deleted from forms before they are sent to the Weed and Seed Office. **Please print return this form a.s.a.p. to collection boxes: Warde – President’s Office, McAuley – Switchboard, Library – Circulation Desk, or Campus Ministry Center, or campus mail to Volunteerism Office, Campus Ministry. (Because of required signature we need “hard copy” please.**

**CENTRAL CEDAR RAPIDS WEED & SEED – AMERICORPS VISTA  
VOLUNTEER ACTIVITY SHEET**

**This section to be filled out by Volunteer:**

NAME: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

*So that we can contact you for future activities...*

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

\*Cell phone \_\_\_\_\_

\*Type of service preferred \_\_\_\_\_ children \_\_\_\_\_ elderly/disabled \_\_\_\_\_ Physical work \_\_\_\_\_ Clerical

SEX: male  female  YEAR OF BIRTH: \_\_\_\_\_

RACE: White  Black/Af.-Am.  Latino  Asian  Mixed  Other

**NEIGHBORHOOD YOU LIVE IN:**

MoundView  Wellington Hts.  Northwest Area  Taylor Area  Oakhill Jackson   
None of the Above  Unsure (please list street name and #): \_\_\_\_\_

**NEIGHBORHOOD YOU WORK IN:**

MoundView  Wellington Hts.  Northwest Area  Taylor Area  Oakhill Jackson   
None of the Above  Unsure (please list street name and #): \_\_\_\_\_  
Not Applicable

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**This section to be filled out by VISTA Worker:**

NAME OF ACTIVITY: \_\_\_\_\_

**NEIGHBORHOOD THE ACTIVITY TOOK PLACE IN:**

MoundView  Wellington Hts.  Northwest Area  Taylor Area  Oakhill Jackson   
None of the Above  Unsure (please list street name and #): \_\_\_\_\_

HOURS OF ACTIVITY FOR THIS VOLUNTEER (in 1/4 hours): \_\_\_\_\_

DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_

CENTRAL CEDAR RAPIDS WEED AND SEED  
RELEASE AND WAIVER OF LIABILITY

**PLEASE READ THIS CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_ day of \_\_\_\_\_, 200\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Central Cedar Rapids Weed and Seed, its directors, officers, employees, agents, and participating agencies and organizations (collectively, "W & S").

The Volunteer desires to work as a volunteer for W & S and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include painting buildings; trimming trees and bushes; fixing porches, windows, doors, roofs, gutters, steps, and sidewalks; and planting trees, among other things.

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 W & S and its successors and assigns from any and all liability, claims, and demands of whatever nature, either by law or in equity, which arise or may hereafter arise from Volunteer's Activities with W & S.

Volunteer understands that this Release discharges W & S from any liability or claim that the Volunteer may have against W & S with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with W & S, whether caused by the negligence of W & S or its officers, directors, employees, agents, or participating agencies or organizations or otherwise. Volunteer also understands that W & S 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 W & S 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 W & S.

**Assumption of the Risk.** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases W & S from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer understands that, except as otherwise agreed to by W & S in writing, W & S does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release.** Volunteer hereby grants and conveys unto W & S all right, title, and interest in any and all photographic images and video or audio recordings made by W & S during the Volunteer's Activities with W & S, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs and recordings.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. Volunteer agrees that in the event that any clause or provision of this 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.

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

Volunteer (please print name): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (other): \_\_\_\_\_  
Signature: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (other): \_\_\_\_\_

**\*\*PARENT/GUARDIAN MUST SIGN BELOW IF VOLUNTEER IS UNDER THE AGE OF 18**

Parent/Guardian signature: \_\_\_\_\_