



Volunteer Service Hours Tracking Information

WPCNHF values their volunteers and all the hard work they put into our organization. In order to be more conscious of our chapter members and accurately report and represent our amazing community to potential donors and non-community members, WPCNHF would like to track the hours our volunteers put into our events, general office tasks, advocacy, etc. Once you complete a volunteer opportunity for WPCNHF, please complete the following form and return it to the chapter using the contact information at the bottom of the page. Thank you for supporting the bleeding disorders community!

Contact Information:

Name (First and Last): _____

Phone Number: _____ Email: _____

Mailing Address: _____

Volunteer/Service Information:

Date of Service/Volunteer Activity: _____

Name of Volunteer Event: _____

Location of Volunteer Event: _____

Task(s) Completed: _____

Number of Service Hours Completed: _____

This can include service hours performed outside of a chapter sponsored event or meeting. Activities such as sending out in-kind donation request letters, selling raffle tickets, researching an event venue, etc., count! Please provide an estimate of your service hours.

Estimated Travel Time to Location of Event/Activity: _____

Estimated Mileage to location of service event/activity: _____

*If this is your first time volunteering with us this year, please continue to the next page.
Thank you!*



VOLUNTEER WAIVER

I wish to volunteer for the Western Pennsylvania Chapter of the National Hemophilia Foundation. These volunteer activities may include, but are not limited to, fundraising events, educational programs, child care at events, planning committees, professional services, and general office tasks. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event. I further understand that there are risks and dangers inherent in participating in some volunteer activities. I understand that in order to be allowed to volunteer for the Chapter, I agree to assume all risks and to release and hold harmless the National Hemophilia Foundation and their officers, agents, employees, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors,

officials and volunteers, including Chapter leaders, participating committees and clubs and all governmental and public entities including, but not limited to, the State, County and local municipalities where the event takes place (collectively the "Released Parties"). I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in a volunteer activity, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing the volunteer activity I have agreed to. I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of my volunteer activity, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I sign of my own free will.

PHOTO WAIVER

Waiver Release: I hereby certify the following: I hereby authorize and permit WPCNHF, its authorized agents to use my photograph, voice and/or likeness, with or without my name or the name of the person for whom I am the parent/guardian, in its sole discretion as it sees fit free and clear of any claim whatsoever on my part, and without compensation. This use includes print and electronic media. This permission includes but is not limited to photographs, quotes and/or text, motion pictures, videotapes, Web site information or audiotapes of and/or by me or the person for whom I am the parent/guardian. I release WPCNHF, from any and all legal liability that may arise from the release of information requested.

By signing the waiver below, I acknowledge that I have read WPCNHF's Volunteer Waiver and Volunteer Handbook and fully understand their policies. I fully understand and agree that I am an unpaid volunteer and not an employee nor an independent contractor. Accordingly, I understand volunteers do not receive compensation of any kind including but not limited to benefits.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

I do not want WPCNHF to use photos/ videos of me

We will do our best to adhere to your request but please be aware that it is legal to photograph or videotape anyone on public property, within reasonable community standards.