



Indemnity:

I do hereby absolve Immigrant Resources & Immediate Support (IRIS), its board members, recipients and other volunteers from any and all liability related to accident or injury, however caused to myself while volunteering for IRIS.

I hereby absolve IRIS of any responsibility for damage or loss of any personal property that I have in my possession while volunteering at or for IRIS.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability. Thank you for completing this application.