



Volunteer Group – Participant Waiver Form

3 NW 3rd Ave Portland, OR 97209 503-274-4483

Today's Date: _____

Name of Church, School or Organization you are with: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

For your safety, should we be aware of any medical conditions? _____

What is your goal in serving with Union Gospel Mission? _____

Briefly share your personal testimony and how your relationship with Jesus Christ has changed your life. If you don't have a faith journey, just be honest on your feelings regarding spiritual matters: _____

Have you ever been convicted of a felony? Yes No

If yes, what and when: _____

I hereby confirm and warrant that I have not been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Union Gospel Mission may photograph me and use my story, silhouette or reproductions of my physical likeness; to copyright the same, and to use and re-use the same, in whole or in part, and discharge Union Gospel Mission from any and all claims and demands.

I hereby agree that Union Gospel Mission is not responsible for any of my personal items that may be lost or damaged during the volunteer period. I realize that Union Gospel Mission will not be held liable for any accident or injury that may occur while I am a volunteer.

Signature: _____ Today's Date: _____

Signature of Parent or Guardian (if under 18): _____

Please return form to:
Heidi Hege, Volunteer Coordinator
3 NW Third Ave
Portland, OR 97209
Fax: 503-274-0071
Scan and email to heidih@ugmportland.org