

SEED ST. LOUIS VOLUNTEER WAIVER
PLEASE PRINT CLEARLY



Name: _____

Address: _____

City, State & Zip: _____

Primary Phone: _____ Phone Type (circle one) Home Mobile Work

Email Address: _____

Emergency Contact Name: _____ Emergency Number: _____

Have you ever been convicted of a criminal felony? Yes* No *If yes, please explain the nature of the crime, the date of the conviction and the disposition. Conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits.

Are there any volunteer activities you must avoid? _____

How did you hear about us? _____

Would you like to receive communications from Seed St. Louis? Mark your choices below.

☐ General e-Newsletter ☐ e-Newsletter for Educators

Statement of Understanding I understand that volunteers are not employees of Seed St. Louis, do not receive monetary compensation, and that all qualified volunteer applications will receive consideration without regard to race, color, sex, religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law.

As a volunteer of Seed St. Louis, I have been provided access to the Seed St. Louis handbook on the Seed St. Louis website and agree to follow all Seed St. Louis guidelines and policies stated therein. I am aware that Seed St. Louis has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time. I recognize that Seed St. Louis may record, film, photograph, audiotape, or videotape my name, image, likeness, or volunteer work, and I grant permission to Seed St. Louis to display, publish, distribute, or exhibit such for purpose of and in connection with any material that may be created by Seed St. Louis. This permission is without compensation or approval rights and is valid until revoked by me in writing. Revocation shall not affect any material previously prepared, published and/or utilized by Seed St. Louis and its affiliates during the time period my consent was in effect.

As consideration for the Seed St. Louis' decision to allow me to serve as a volunteer, I hereby fully and forever release and discharge Seed St. Louis, its members, directors, employees, and representatives (collectively, the "Releasees") from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) **that are caused by negligence or fault on the part of any of the Releasees** in connection with my volunteering with Seed St. Louis or as a result of or during any of the Releasees' administering of first aid or seeking of medical care for me. Furthermore I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest. **I understand that Seed St. Louis is a smoke-free environment.**

Signature: _____ Date: _____

By signing this form, I have read and understand the above requirements for becoming a Seed St. Louis volunteer.

Please direct all questions to volunteer@seedstl.org

Please complete & mail/email to: Seed St. Louis | 5501 Delmar Blvd. #B270 | St. Louis, MO 63112 | volunteer@seedstl.org