

# Volunteers Needed!!

## We need your help with this event!

### Lexington Project Connect

Saturday, March 7th, 2020

9:00 am to 2:00 pm

Held at Lexington 4 Life Center

811, S Hwy 13, Lexington, MO 64067



The Health Care Collaborative of Rural Missouri is excited to host this one-day, one-stop shop service day for underserved and uninsured adults on Saturday, March 7th from 9:00 am to 2:00 pm at the Lexington 4 Life Center. This event is for connecting adults to much needed services. ALL services provided are **FREE** this day!

We will have dentists available to do free dental extractions (no cleanings). There will be free health screenings, Veteran's services, mattresses and sheets, vouchers for driver's licenses, birth certificates, manicures and haircuts that day, free photographs and MORE. We plan to have 50 social services organizations present with their resources. We want to serve and disseminate information to guests connecting them to resources that day and raising awareness of what is available for future use. Volunteers will help guests access those services! Volunteers should show up **BY** 8:00 am that morning--we will train you before starting!

This event is being led by the Health Care Collaborative of Rural Missouri with the help of others in including many service providers, churches, businesses, civic groups, donors, college students and citizens of the area. Please plan to volunteer! PLEASE tell people who have needs to come get what they need **THAT DAY!**

***If you have questions or wish to volunteer, please contact Chris Carney:***

Chris Carney, Health Care Collaborative of Rural MO

[Chris.carney@hccnetwork.org](mailto:Chris.carney@hccnetwork.org)

825 S. Business 13 Hwy, Lexington, MO 64067

(660) 251-0751 direct phone number or fax to (660) 251-0524

Please share this information with other organizations, churches or civic groups that you know serves the Lexington and Lafayette County area! We will serve ANYONE who shows up with NO qualifying! We will need many volunteers and service providers to make it happen!

Please send us an e-mail if you are able to volunteer to let us know we can count on you!

# VOLUNTEER AND SERVICE PROVIDER ASSUMPTION OF RISK AND RELEASE

This is a release of legal rights—please read and understand before signing.

**Lexington Project Connect—March 7th, 2020**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

**I hereby agree as follows:** Assumption of Risk and Release of Claims: In consideration of my being allowed to volunteer in the Project Connect event (“Program”), I do hereby acknowledge that I am fully aware of all risks and hazards that may be directly or inherently involved in this Program. With full knowledge of the facts and circumstances surrounding this program, I, or myself and anyone entitled to act on my behalf, do hereby assume all responsibility and risk from my involvement in the Program, including all risk of property damage, injury, and other hazards to me and hereby waive and release the planning and leadership team, the Lexington 4-Life Center, the Health Care Collaborative of Rural Missouri, the Live Well Community Health Centers, all participating organizations, service providers, sponsors and donors; their governors/trustees, officers and employees (“releasee”), from all claims or liabilities of any kind arising out of my participation in this program.

**Health and Safety:** There are no health-related reasons or problems, which preclude/restrict my participation in this event. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I volunteer in the event. I recognize that the releasee is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility of myself. If I require medical treatment or hospital care during the event, the releasee is not responsible for the cost or quality of such treatment or care.

I do hereby assure the releasee that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me from my participation in the event and that I will indemnify and hold the releasee harmless.

**Standards of Conduct:** I shall comply with all lawful directions from leadership team members and shall be required to follow all releasee policy, procedures, rules, standards and instructions. I understand and agree that I serve at the pleasure of the releasee and that my participation in the event maybe terminated at any time, for any reason or for no reason.

**Consideration:** I acknowledge that the opportunity to volunteer in the event is sufficient consideration for all such service provided to releasee and that the primary benefit of said volunteer service is to me and not the releasee. I hereby waive any rights I may have to compensation for the work performed and any other compensation or remuneration from releasee such as insurance, vacation, deferred compensation, or overtime.

I have carefully read this assumption of risk and release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the releasee and shall be governed by the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this release or to the event.

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Signature of Volunteer

Date

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Signature of Legal Guardian (if under 18 years old)

Date

Please fax or mail this completed form to Chris at 660-251-0524 or [chris.carney@hccnetwork.org](mailto:chris.carney@hccnetwork.org) ASAP!  
or bring it with you the morning of the Project Connect event

We will have your shirt, have you prepare a nametag with first name only, wear it and start helping others! **Thank You!**