

**ADULT VOLUNTEER
RELEASE and INDEMNITY of GOOD WORKS, Inc.**

Volunteer Work Location: Coatesville _____ West Chester _____ Phoenixville _____

The undersigned adult has volunteered to work with **Good Works, Inc.**, a nonprofit Pennsylvania Corporation ("Good Works"), to assist in the rehabilitation of substandard housing, making these homes safer, warmer and dryer, in anticipation of increasing hope for the home owners. Good Works is committed to the highest safety standards in all its endeavors. By the nature of construction work to make substandard housing safer, warmer and dryer, risks, both foreseeable and unforeseeable, are involved. By signing this Release and Indemnification, the volunteer acknowledges that they understand this, and that other volunteers or employees of Good Works may not have the time or the expertise to adequately train the volunteer or supervise the activities of the volunteer constantly. Therefore, intending to be legally bound, the volunteer hereby agrees that on behalf of themselves and their heirs, successors and assigns:

1. They assume the risk of injury and damage to personal property, resulting from the volunteer's association with Good Works.
2. To irrevocably release, waive and forever discharge Good Works and its officers, directors, employees, volunteers, agents and contractors and their successors and assigns from and against any and all claims, costs, damages and causes of action arising from any injury to the volunteer or damage to their personal property which occurs as a result of the volunteer's association with Good Works, even if the personal injury or property damage is caused by the negligence of others.
3. To indemnify, defend and hold harmless Good Works, its officers, directors, employees, volunteers, agents and contractors and their successors from and against any and all claims, costs, damages and causes of action asserted by any person or entity, and arising from any personal injury or property damage caused by the volunteer.

The Volunteer does _____ does not _____ have medical and health insurance coverage.

Volunteer's Name (Print): _____

Volunteer's Signature: _____ DATE: _____

Address: _____

Zip Code _____

Phone: _____

Email Address: _____

Church or Group: _____

Digital photos will be taken during the workday by our volunteer photographers for use on our Web site and for other promotional materials. If you do not want your picture used, please inform the photographer.

Thank you for being a Good Works Volunteer.

Please return this form to the Presbytery of Donegal Office:

Option #1: print, fill out & mail to

Donegal Presbytery, P.O. Box 10054, Lancaster, PA 17602 or

Option #2: fill out, save as PDF & e-mail to **Christine@donegalpby.org**