



Volunteer Request & Liability Form

Send completed forms to:

Volunteer Coordinator
MedWish International
17325 Euclid Ave.
Cleveland, OH 44112

Fax: 216-274-6380
info@medwish.org

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

I am volunteering with the following group (if applicable): _____
Requested date(s) to volunteer: _____ *To request a date for a group, fill out the group request form
Availability to be a regular weekday volunteer (if applicable): Days of week: _____ Hours per week/month: _____
Are you required to do volunteer service? Y N If yes, how many hours of service are you required to do _____
Contact person in case of emergency:
Name: _____ Phone: () _____ - _____
Relationship: _____
Would you like to be on MedWish's: mailing list email list
Special talents you would like to offer: _____

NOTE: THE LIABILITY RELEASE MUST BE SIGNED AND DATED BY ANYONE INTENDING TO VOLUNTEER FOR MEDWISH INTERNATIONAL. ANY PARTICIPANT UNDER THE AGE OF 18 MUST HAVE A PARENT OR GUARDIAN COMPLETE AND SIGN THIS FORM AS WELL.

LIABILITY RELEASE

I, _____ signing on behalf of myself and/or _____, a minor, as his/her legal guardian, have agreed to participate in the MedWish International (p.k.a. Intervol) program. I understand and agree that my participation is completely voluntary. I understand that my participation, including travel to and from any location on behalf of MedWish, carries with it a risk of death, personal injury, illness, and damage to property. I assume all liability and responsibility and release and indemnify MedWish International and Cleveland Clinic from any and all claims and/or liability.

Volunteer activities may include lifting, using equipment, or other physical exertion, and it is my responsibility to oversee and choose appropriate work assignments and to consult with a physician if there are any concerns or questions about my taking on tasks. I acknowledge that MedWish International and Cleveland Clinic are not responsible for my safety under any circumstance and that it is my responsibility to decline any activity that I am not able to participate in; and as a condition of participation, I, on behalf of myself and/or said minor, do hereby release and indemnify MedWish International and Cleveland Clinic and their respective officers, trustees, employees, agents, sponsors and volunteers from all claims, costs, liabilities, expenses or judgment, including attorney's fees and court costs, which may arise out of or be in any way connected with his/her participation.

Signature Date

Parent or Guardian (if under the age of 18)

Please check here if you **do not** permit MedWish to use your photo for promotional purposes.