



Coon Rapids United Methodist Church
Spirit of Matthew 25



Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

Emergency Contact's Phone: _____

Spirit of Matthew 25 Volunteer Guidelines

Respect for all people:

- All people are welcome and equal, children and adults. Greet each person with a smile.
- All Spirit of Matthew 25 events will be a safe place for all, regardless of their religious views. We share God's love through action and agree to try not to convert anyone to Christianity or any other religion while at these events.
- We do not invite people to this or any church. If they want to get more involved, they know where we are.
- All Spirit of Matthew 25 events must be politics-free.
- If people want to volunteer, Tammy is the person that can help them sign up.

Volunteer shopping:

- Any volunteers who would like to shop for food must inform Tammy so that our count is correct. (That's part of how we get grants.)
- Out of respect for those who have been waiting, all volunteers must complete shopping **before 4 PM**. This means that no food should be taken by volunteers from 4-6 PM.
- Volunteer shoppers should assume a limit of one item per table unless told otherwise. If limits (when we actually start) end up lower than anticipated, please put extra items back.
- Volunteer bags need to be labeled and put out of sight (in a refrigerator, etc.).

My signature indicates that I agree to abide by the volunteer guidelines listed above.

Name

Date

Waiver and Release
Coon Rapids United Methodist Church
Spirit of Matthew 25

We are pleased that you have chosen to participate in the Coon Rapids United Methodist Church (Coon Rapids UMC)/Spirit of Matthew 25 Activities whether at Coon Rapids UMC or not. We will gladly allow you to participate in the following activities (the “Activities”), so long as you first agree to the following conditions:

- Coon Rapids UMC/Spirit of Matthew 25 are located at 10506 Hanson Blvd NW, Coon Rapids, MN 55433.
- **Voluntary Participation:** I acknowledge that: (i) I am participating in the activities voluntarily and on my own time; (ii) I am not aware of any medical condition that would prevent me from participating in the activities due to risk or injury to my health; and (iii) there are risks involved with the activities, and I assume those risks knowingly.
- **Safety Policies:** I agree to abide by all guidelines, policies, and procedures, including those related to health and safety, whether in place now or adopted by Coon Rapids UMC/Spirit of Matthew 25 in the future related to my participation in the activities.
- **Revocation of Permission:** I agree that Coon Rapids UMC/Spirit of Matthew 25 may revoke my permission to participate in the activities at any time for any or no reason.
- **Waiver and Release:** I waive all claims for injury, death, damage, and loss to me and my property which may be caused by my participation in the activities or any act or omission, whether negligent or otherwise, of Coon Rapids UMC/Spirit of Matthew 25 or its officers, employees, agents, or insurers, and representatives related to my participation in the activities, and I release all such entities and individuals from all such claims by me, my heirs and my insurance companies.
- I hereby consent to the use of my name, photograph, or other likeness by Coon Rapids UMC/Spirit of Matthew 25, its officers, employees, agents, insurers, and representatives, and assigns in all marketing and advertising materials, publications, word of mouth, programs, web sites, social media and/or in media interviews without restriction as to manner, frequency, or duration of usage. I further agree that my name and/or photograph or other likeness may be used with whatever visuals, copy or other elements for Coon Rapids UMC/Spirit of Matthew 25’s online newsletters, web sites, social media sites or in electronic/print media and I agree that all such materials produced hereunder are and will remain the sole and exclusive property of Coon Rapids UMC/Spirit of Matthew 25 and will not have to be reviewed with me prior to their use.

I represent that I am over the age required by law in this state to enter into binding agreements and that I have no conflicting contractual obligations that would interfere with my performing services hereunder or my granting the rights herein granted. If I am underage, the signature of my parent/guardian below shall constitute the parent/guardian’s consent on my behalf to the terms and conditions of the waiver and release agreement. This consent is irrevocable and is given on the express understanding and condition that no reward or compensation is or shall be due to me or to the undersigned parent/guardian for the giving of this consent or for the grants and licenses provided herein. I hereby certify that I have read the foregoing and fully understand the meaning and effect thereof.

Signature: _____ Date: _____

Print Name: _____

For minors under 18 years of age:

Signature of parent or guardian: _____ Date: _____

Print Parent/Guardian’s Name: _____

Print Child’s Name: _____