



**Episcopal Diocese of Louisiana**  
The Right Rev. Charles Jenkins, Bishop



**Office of Disaster Response**

1623 Seventh Street, New Orleans, LA 70115 ph. 504-895-4304 x22 fax 504-895-6637  
 Archdeacon Dennis McManis, Co-Director [dmcmanis@edola.org](mailto:dmcmanis@edola.org)  
 Dr. Courtney Cowart, Co-Director [ccowart@edola.org](mailto:ccowart@edola.org)  
 Susan Foto, Volunteer Coordinator [sfoto@edola.org](mailto:sfoto@edola.org)  
 Darlene Davillier, Volunteer Coordinator [ddavillier@edola.org](mailto:ddavillier@edola.org)

**VOLUNTEER AGREEMENT AND RELEASE**

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Diocese of the Episcopal Church of Louisiana, including its Office of Disaster Response (hereinafter "the Diocese").*

I, \_\_\_\_\_, acknowledge and state the following:

I have chosen to travel and to perform clean-up, remediation or repair work for damage caused by a disaster.

I understand that this travel and work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that engaging in this activity involves certain risks, not all of which are foreseen. I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing, and that the conditions might be hazardous to my health. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that the Diocese or my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to defend, indemnify and forever hold harmless the Diocese and its officers, directors, agents, volunteers, servants and employees, from any and all causes of action arising from or relating to my participation in this project, and travel or lodging associated therewith, including any damages including but not limited to claims for personal injury, sickness or loss of limb or life, even if said claims arise from injuries or illnesses caused by the sole negligence or fault of those hereby released.

If the any vehicle owned or leased by, or otherwise in the possession of the Diocese or my supervising disaster organization or any of their employees, supervisors or volunteers, is involved in transporting me, I understand that the transportation is being provided at my sole risk and that neither the Diocese or my supervising disaster organization or any of their employees, supervisors or volunteers or the driver of the vehicle is responsible for any accident involving the vehicle or any injury that I might suffer in connection with the transportation.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from the Diocese and the occupants, including any reference to names, addresses, or other identifying information.

I may choose to participate in additional activities on multiple or later dates, and this Volunteer Agreement and Release will apply to any activities in which I participate in the future. I hereby certify that I am at least 18 years old.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

ORGANIZATION OR CHURCH NAME: \_\_\_\_\_

TEAM LEADER: \_\_\_\_\_

E-Mail: \_\_\_\_\_