



## Event Volunteer Information Form

Date: \_\_\_\_\_

First Name:	Last Name:
Email:	
Mailing Address:	
Phone:	Are you over 21 years old? <b>Yes</b> <b>No</b>
Would you like to be included in our Monthly Volunteer Newsletter? <b>Yes</b> <b>No</b>	





## WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Quigley House, Inc. volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Quigley House, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates for all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Quigley House, Inc. are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Quigley House, Inc. for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Quigley House, Inc. have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Quigley House, Inc.

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**(Printed Name of Volunteer)**

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**(Signature of Volunteer if over 18)**

**Date**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

**Date**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



## Confidentiality Agreement

I understand the Florida law requires that the location of domestic violence shelters and facilities and the identity of shelter residents are confidential.

I further understand that I am being allowed to access to Quigley House, which is a domestic violence shelter.

- I agree not to disclose the location of any Quigley House sites, buildings, offices, or meetings within.
- I agree not to disclose details regarding the design of Quigley House facilities, or the contents within.
- I agree not to reveal the identity of any Quigley House client that I may know or recognize as a past or current resident, or that the individual is (or has been) a victim of domestic violence or sexual assault.

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Print Name

Date:

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Signature

Name of Organization Represented (If applicable): \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Point of Contact Email: \_\_\_\_\_



Dear Sheriff Cook:

Pursuant to Chapter 435, F.S., Quigley House requests a local records check on the applicant(s) listed below:

_____ (Last Name)	_____ (First Name)	_____ (Middle Name)	
_____ (Date of Birth)	_____ (Social Security Number)	_____ (Race)	_____ (Sex)

*Clay County Sheriff's Office  
901 N Orange Ave  
Green Cove Springs, FL 32043*

Please document the findings and return the information to:

Quigley House, Inc.  
P.O. Box 8219  
Fleming Island, FL  
32006-0008  
**Attn: Outreach Center**

**OCA 04100150Z  
ORI FL921781Z**