

# Eastern Oregon Alcoholism Foundation Volunteer Commitment Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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What is the reason you want to volunteer:

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\_\_\_\_\_

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Various volunteer activities are offered within the community to EOAF individuals. Do you agree that you have not been coerced or feel obligated to perform volunteer services and that these services will not offer monetary concessions and may or may not be applicable to qualify for the legal definition of "community service" work?

Yes  No

**I agree that I will respect the right to privacy and confidentiality of EOAF and the individuals that they serve. I will not discuss anything with members of the community and/or agencies while participating in volunteering activities. I understand that to do so will affect any future opportunities and could result in consequences.**

Yes  No

## ADULT VOLUNTEER WAIVER

I am agreeing to act as a volunteer for EOAF. I acknowledge and agree that activities performed strictly on a voluntary basis, without pay, compensation or benefits. I agree to comply with the rules and regulations established by EOAF and failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed as a volunteer and I recognize and understand there are certain risks inherent any type of volunteer services and I accept those risks. I agree that all volunteer activities are performed at my own risk. I understand if an accident/injury occurs, no matter how minor, I will complete a Volunteer Injury Report form and seek any necessary medical attention using my own medical insurance. On behalf of myself and my respective heirs and personal representative, I agree to indemnify and hold harmless EOAF, its officers, directors, employees, agents and volunteers from and against any loss, damage, claims, liability, costs and expenses of any nature whatsoever, including but not limited to, attorney's fees and disbursements arising from or occasioned by my activities as a volunteer for EOAF. I agree that EOAF may use my image for EOAF displays, educational programs and/or other public relations, and I hereby release any such images/photographs for use in its programs, publications and purposes.

I have read the above waiver and state that I understand it and that I am voluntarily signing it without any inducement or representation from any member of the EOAF staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date

**Any questions, please contact EOAF at  
(541) 276-3518.**

Return completed form to:  
Attn: Human Resources