



Connections of Cumberland County

## **VOLUNTEER ACKNOWLEDGEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING**

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the Connections of Cumberland County and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the North Carolina State Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE CONNECTIONS OF CUMBERLAND COUNTY.

\_\_\_\_\_  
Printed name of Volunteer

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

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of the Connections of Cumberland County and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the North Carolina State Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE CONNECTIONS OF CUMBERLAND COUNTY.

Both Parents/Guardians must sign:

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

