

NORTH SHORE BIBLE CHURCH

VOLUNTEER BACKGROUND CHECK, LIABILITY WAIVER AND RELEASE

I, _____ (Print Name), voluntarily choose to serve as a volunteer with North Shore Bible Church ("NSBC" or "the Church"), located at 123 Wapato Point Parkway, P.O. Box 391, Manson, WA 98831.

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that my volunteer service with either the Church may involve certain risks and hazards, including but not limited to:

- Physical activities, lifting, and manual labor
- Travel to and from ministry locations and events
- Interaction with others, including children, youth, and adults
- Use of church facilities, equipment, and vehicles
- Participation in ministry events, outreach activities, and programs
- Outdoor activities and events in various weather conditions

I understand that these risks may result in personal injury, property damage, or other losses.

ASSUMPTION OF RISK

I freely and voluntarily assume all risks associated with my volunteer service, both known and unknown, and accept full responsibility for my participation in all NSBC volunteer activities.

RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to volunteer with the Church, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE North Shore Bible Church, its pastors, elders, staff members, volunteers, agents, representatives, successors, and assigns (collectively referred to as "Released Parties") from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my property while participating in volunteer activities, whether caused by the negligence of the Released Parties or otherwise, to the fullest extent permitted by law.

INDEMNIFICATION

I agree to INDEMNIFY and HOLD HARMLESS the Released Parties from any loss, liability, damage, or costs, including attorney's fees, that may be incurred due to my participation in volunteer activities, whether caused by my own actions or the actions of others.

MEDICAL TREATMENT AUTHORIZATION

I authorize NSBC representatives to secure emergency medical treatment for me if necessary. I understand that I am responsible for all costs associated with medical treatment and related transportation. I agree to provide the Church with current emergency contact information and any relevant medical information.

MEDIA RELEASE

I grant permission to NSBC to use photographs, video recordings, or other media featuring my likeness, taken during volunteer activities for promotional, educational, or ministry purposes without compensation.

INSURANCE ACKNOWLEDGMENT

I understand that NSBC does provide accident and liability insurance coverage for volunteers. These policies are limited in scope and are not comprehensive. Therefore, I acknowledge that I am responsible for obtaining my own personal health and auto insurance coverage.

COMPLIANCE WITH POLICIES

I agree to comply with all NSBC policies, procedures, and guidelines, including but not limited to:

- Code of conduct and behavioral expectations
- Safety protocols and procedures
- Child protection policies (if applicable)
- Confidentiality requirements
- Screening and background check procedures

VOLUNTARY PARTICIPATION

I certify that my volunteer service is freely and voluntarily undertaken without expectation of compensation or employment benefits. I understand that I may discontinue my volunteer service at any time, and that NSBC may terminate my volunteer service at its discretion.

SEVERABILITY

I understand that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

GOVERNING LAW

This agreement shall be governed by and construed in accordance with the laws of the State of Washington.

AREA OF NSBC SERVICE OR VOLUNTEERING – Mark all that apply for you

- CHILDRENS’ MINISTRY _____
- YOUTH GROUP ACTIVITY _____
- CHARIS MINISTRY – DRIVER _____
- CHARIS MINISTRY – MEALS _____
- CHARIS MINISTRY - HOME SERVICES _____
- CHARIS MINISTRY – IN HOME VISITATION _____
- OTHER: _____

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ACKNOWLEDGMENT OF UNDERSTANDING

I ATTEST THAT I AM EITHER A MEMBER OF NSBC OR HAVE BEEN A REGULAR ATTENDEE FOR AT LEAST THE PAST 6 MONTHS.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

DISCLAIMER: This Notice – Background Investigation document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the corresponding state notices to ensure your compliance with the applicable state laws related to background screening and consumer notices and disclosures.

NOTICE - BACKGROUND INVESTIGATION

In connection with your volunteering with North Shore Bible Church (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteering purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry 's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are accepted as a volunteer, will continue throughout the course of your volunteering and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or

investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my volunteering, if applicable.

Volunteer Signature Date

Full Legal Printed Name - (First Name, Middle Name, Last Name) Date of Birth

Email Address

Phone Number Social Security Number

Emergency Contact Phone Number Emergency Contact Name

Driver's License Number State Issued Expiration Date

FOR VOLUNTEERS UNDER 18 YEARS OF AGE:

I am the parent or legal guardian of the above-named minor. I have read this waiver and release and give my permission for the minor to participate as a volunteer with the NSBC. I understand and agree to be bound by its terms on behalf of the minor and myself.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

OFFICE USE ONLY

Background Check Completed: Yes No N/A Date: _____

WA State Motor Vehicle Records: Yes No N/A Date: _____

Volunteer Orientation Completed: Yes No Date: _____

Approved By: _____ Date: _____

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