



VOLUNTEER ONBOARDING PACKAGE

Sister Strong Collective · Kids Fun Fest Day · July 25, 2026

Email completed form to sisterstrongcollective@gmail.com

Dear Volunteer, thank you so much for stepping up to help Sister Strong Collective. Volunteers are the heart of every event we host, and we could not bring our community together without you. This 6-part fillable package combines your Volunteer Information form, Liability Waiver, Photo Release, and Electronic Signature Consent -- all on one form, with ONE signature at the end. Please complete every field before your shift, then email this completed PDF back to sisterstrongcollective@gmail.com.

If you are 16-17 years old, also have a parent or guardian sign Part 6.

WHAT IS INSIDE THIS PACKAGE

Part 1 -- Volunteer Information (name, contact, address, t-shirt size)

Part 2 -- Emergency Contact & Medical Information

Part 3 -- Volunteer Role Preferences & Special Skills

Part 4 -- Liability Release & Waiver of Claims

Part 5 -- Electronic Signature Consent (ESIGN Act + MA UETA)

Part 6 -- Your Signature (one signature for everything) + Parent/Guardian if under 18

WHAT VOLUNTEERS RECEIVE

- Free Sister Strong T-shirt to wear during your shift
- Meals and snacks during your shift
- Community service hours documentation (great for students)
- Letter of appreciation for your resume
- The joy of giving back to your Boston community

With gratitude, Victoria Huell, President

PART 1 -- VOLUNTEER INFORMATION

Full Legal Name

Date of Birth

Phone

Email

Address (street, city, state, ZIP)

T-Shirt Size -- YS (Youth Small)

T-Shirt Size -- YM

T-Shirt Size -- YL

T-Shirt Size -- S (Adult Small)

T-Shirt Size -- M

T-Shirt Size -- L

T-Shirt Size -- XL

T-Shirt Size -- 2XL

PART 2 -- EMERGENCY CONTACT & MEDICAL

Emergency Contact Name

Emergency Contact Phone

Relationship to Volunteer

Known Allergies, Medical Conditions, or Special Needs:

PART 3 -- VOLUNTEER PREFERENCES & SPECIAL SKILLS

Preferred Role -- Setup Crew

Preferred Role -- Registration

Preferred Role -- Games Booth

Preferred Role -- Food Service

Preferred Role -- Activities Lead

Preferred Role -- Safety / First Aid

Preferred Role -- Cleanup Crew

Preferred Role -- Photography

Preferred Role -- Wherever needed most

Special skills, certifications, or experience you bring (CPR, food handling, first aid, etc.):

PART 4 -- LIABILITY RELEASE & WAIVER

I have read and understand the liability release: volunteer activities may involve physical risk (lifting, weather, children, outdoor conditions). I voluntarily assume all risks. To the fullest extent permitted by Massachusetts law, I release SSC and its directors, officers, volunteers, sponsors, and property owner from claims arising from my participation, except for gross negligence or willful misconduct.

I am volunteering of my own free will -- I am NOT an employee or agent of SSC.

I authorize SSC to obtain emergency medical care for me if needed (I understand SSC is not responsible for medical costs).

I consent to SSC using my photo/likeness for promotional purposes.

I will comply with all SSC policies and treat everyone with respect.

I will refrain from alcohol or substance use during my shift.

I will immediately report any safety concerns to the Event Coordinator.

I confirm I am 18 or older (or have included a parent/guardian signature in Part 6 for ages 16-17).

PART 5 -- ELECTRONIC SIGNATURE AUTHORIZATION (ESIGN ACT + MA UETA)

This Authorization is between you (the Signer) and Sister Strong Collective, Inc. ("SSC"). By checking the boxes and signing in Part 6, you agree to use electronic signatures for any SSC documents you sign -- volunteer waivers, photo releases, code-of-conduct acknowledgements, and similar agreements.

1. SCOPE

You agree that (a) electronic signatures you provide are LEGALLY BINDING and enforceable, equivalent to handwritten signatures under the federal ESIGN Act (15 U.S.C. Section 7001) and Massachusetts UETA (MGL c. 110G); and (b) SSC may deliver records, notices, and disclosures to you electronically rather than on paper.

2. WHAT COUNTS AS AN ELECTRONIC SIGNATURE

Typing your full name in a signature line; drawing your signature using a touchscreen, mouse, or stylus; clicking a checkbox or button labeled "I agree" or "Sign"; replying "I agree" to a Sister Strong email request; or submitting a scanned signed document via email to sisterstrongcollective@gmail.com.

3. SYSTEM REQUIREMENTS

Internet-connected device, current browser, active email, ability to view PDFs, and ability to save or print records.

4. RIGHT TO PAPER COPIES

Email sisterstrongcollective@gmail.com with subject "Paper Copy Request" and your mailing address; SSC will send it within 14 business days.

5. RIGHT TO WITHDRAW CONSENT

Email sisterstrongcollective@gmail.com with subject "Withdraw Electronic Signature Consent" and your full name. Withdrawal does NOT invalidate documents you previously signed electronically while this Consent was in effect.

6. RETENTION

SSC will retain electronic copies of signed documents for at least seven (7) years (or longer if required by law).

7. ACKNOWLEDGMENT (check each box below):

I have read and understand this Electronic Signature Authorization.

I voluntarily agree to use electronic signatures and receive electronic records from SSC.

My electronic signature below is LEGALLY BINDING, equivalent to a handwritten signature, for this Volunteer Waiver AND future SSC documents.

I have access to the system requirements in Section 3.

I may request paper copies or withdraw my consent anytime per Sections 4-5.

PART 6 -- VOLUNTEER SIGNATURE

By typing my full legal name below, I am providing my electronic signature on this 6-part Volunteer Onboarding Package. This single signature confirms that everything in Parts 1-5 is true and accurate, and applies to my Volunteer Information form, Liability Waiver, Photo Release, Electronic Signature Authorization, and all consent items I checked above.

SIGNATURE (typed name = legally binding e-signature)

Date:

Printed Name:

FOR VOLUNTEERS AGE 16-17 -- PARENT / GUARDIAN CONSENT

I am the parent or legal guardian of the minor above. I have read this package and consent to my child's participation. I agree to the terms on behalf of my child.

Parent / Guardian Printed Name

Relationship to Volunteer

Parent Phone

Parent Email

SIGNATURE (typed name = legally binding e-signature)

Date:

Printed Name: