

**MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM  
PROSECUTING ATTORNEY'S OFFICE**



FIRST FLOOR JUSTICE CENTER  
75 HIGH STREET MORGANTOWN, WV  
26505 ☎ (304) 291-7286



---

**RELEASE OF LIABILITY**

As a Victim Assistance Applicant, I relinquish to the Monongalia County Victim Assistance Program and Prosecuting Attorney's Office from any and all responsibilities and liability for actions that occur while I am acting in the capacity as a Victim Assistance Volunteer. I understand that this relinquish covers only those actions that are not a result of negligence on the part of the affected organizations and/or their agents that I am participating in activities sponsored by these agencies.

I have read this form and agree to the conditions therein.

---

APPLICANT'S PRINTED NAME DATE OF BIRTH

---

APPLICANT'S SIGNATURE TODAY'S DATE

---

APPLICANT'S SOCIAL SECURITY NUMBER

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

**In the event of an emergency, please contact:**

---

PRINTED NAME RELATIONSHIP

---

TELEPHONE NUMBER

---

STREET ADDRESS

---

CITY STATE ZIP