

# Volunteer Registration

## Volunteer Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Zip Code*

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested in volunteering at (Please check all that apply):

- Project Play (Tuesdays 4:00 PM – 8:00 PM)       Thursday Sports League (5:00 PM – 8:00 PM)
- Face Painting       Coaching
- Games       Set Up/Clean Up
- Campus Improvement (painting, gardening)       Score-Keeping
- Set Up/Clean Up

## Emergency Contact Information

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

## Waiver/Release Form

- I authorize \_\_\_\_\_ and its cooperating agencies to:
1. use photographs, videos and other records of participation in \_\_\_\_\_ program without compensation, to promote activities/initiatives/programs developed by the above.
  2. act on my behalf in the event of sickness or injury during the program.
  3. exclude my participation for behavior that is harmful or uncooperative.

I have read and completed this application. I understand the expectations of \_\_\_\_\_ program and request that I be admitted, as a volunteer, in \_\_\_\_\_ program selected above. By signing below, I agree to hold harmless and indemnify \_\_\_\_\_ its affiliates, officers, agents and employees, from any and all liability, loss, damages or expenses which are sustained or incurred as a result of my dependants' participation in this program. By signing below, I indicate that I have never been convicted of a felony.

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

\_\_\_\_\_  
*Date*