

One-Time Volunteer Service Waiver Form

Thank you for volunteering your time and services. Please complete this form to participate in today's activity.

All information will be kept confidential.

Volunteer Information

Full Name

Phone Number

Email Address

Home Address

Emergency Contact

Name

Phone

Relationship

Waiver and Release

By signing below, I acknowledge that my participation in this volunteer activity is voluntary, and I assume all risks associated. I hereby release the organization, its employees, officers, and affiliates from any and all liability or claims related to injury, accident, or illness occurring during my participation.

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I have read and understand this waiver.

Signature

Date

For Organization Use Only

Reviewed by

Date Received