

One-Time Volunteer Service Waiver Form

Thank you for volunteering your time and services. Please complete this form to participate in todayâ€™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