



VOLUNTEER REGISTRATION/RELEASE FORM

All Day of Caring volunteers MUST complete the following form to participate.
Please promptly return this completed form to your Team Leader.
(All forms due to United Way's Volunteer Center by August 20, 2010)

Company/Organization: _____ Project Site: _____

Volunteer Name: _____ T-shirt Size _____

Daytime Phone Number: _____ E-mail Address: _____

Emergency Contact Name /Phone Number _____

Demographics: (Optional) Age: Under 18 years
 18-24 years 25-55 years 55+

Are you interested in volunteering in the future? Yes No

If so, what issues are you interested in supporting? _____

Do you have any special skills or an area of expertise? Yes No

If so, please explain: _____

Liability Release: I hereby release and hold harmless United Way of Greater Chattanooga's Volunteer Center and the Day of Caring agency from any and all liability for any injury I may suffer (including any injury caused by negligence) in conjunction with Day of Caring. I also certify that I am in good health and able to participate in the program activities of Day of Caring. I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I full understand the contents thereof.

Signature: _____ Date: _____

Communications Release: I hereby waive any claim to the rights of photographic recordings made of me on Day of Caring. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and /or non-profit use and distribution said recordings for purposes deemed suitable by the United Way of Chattanooga's Volunteer Center. I hereby waive any right to approve the finished products. I hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____