

INDIVIDUAL VOLUNTEER APPLICATION
Community Day of Caring

Saturday, Sept. 12, 2009
n Troutman, Statesville & North Iredell
Volunteer, Get Involved!



NAME: _____ PHONE#: _____ Email: _____

MAILING ADDRESS: _____

DO YOU HAVE ANY SPECIAL SKILLS OR INTEREST AREAS?: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

AGE (if under 18 years) _____ All volunteers must read the following paragraph and sign below. If volunteer is under 18 years of age, parent or guardian must sign.

IN CONSIDERATION OF YOUR ALLOWING ME TO PARTICIPATE IN THE DAY OF CARING, I EXPRESSLY AND VOLUNTARILY ASSUME RESPONSIBILITY FOR ALL RISK OF PERSONAL INJURY, DEATH, OR LOSS I MAY SUSTAIN RELATED TO THE EVENT, OR ANY SUCH PERSONAL INJURY, DEATH, OR LOSS ASSOCIATED IN ANY WAY WITH THE EVENT, EVEN IF SUCH PERSONAL INJURY, DEATH, OR LOSS IS CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF ANY OF THE RELEASED PARTIES.

I GIVE MY PERMISSION TO UNITED WAY OF IREDELL COUNTY TO USE MY PHOTOGRAPH/VIDEO FOOTAGE AND/OR VOICE FOR PUBLICITY PURPOSES AT NO FEE AND IN PERPETUITY.

I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE PROVISIONS OF THIS RELEASE AGREEMENT, THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW ALL OF THE ASPECTS OF THIS RELEASE AGREEMENT WITH AN ATTORNEY, AND THAT I KNOWINGLY ACCEPT ALL OF THE TERMS OF THIS RELEASE AGREEMENT IN THEIR ENTIRETY AND WITHOUT RESERVATION.

Signature of Volunteer or Guardian: _____ date: _____

MAKING A DIFFERENCE
RIGHT HERE...RIGHT NOW



United Way
of Iredell County

Please return form with necessary signatures asap for planning purposes to United Way of Iredell County, 1835 Davie Avenue, Suite 401, Statesville, NC 28677 or fax to 704-871-9794.

If you should have any questions or concerns please call Liz or Debbie at 704-872-3000.

We apologize, but due to budget constraints the United Way of Iredell County is not able to give tee-shirts to volunteers this year.