



## Event Volunteer Information Sheet

### Volunteer Process:

- Sign in with the Program Coordinator
- Complete Event Volunteer Information Sheet
- Receive assignment and instructions
- Complete requested tasks
- Sign out and inform Program Coordinator of any issues or concerns

Date:

Name (First & Last):	Home/Cell Phone & Email Address:
Street Address:	City/State/Zip Code:

Are there any physical conditions/allergies/etc. to be considered in arranging your volunteer assignments?  
 Yes    No   If yes, please explain: \_\_\_\_\_

**Emergency Information:** In case of an emergency, please contact:

Name:	Relationship:
Phone:	Additional Phone:

**RELEASE FROM LIABILITY** (*Read carefully before signing.*) I, \_\_\_\_\_, do hereby release, hold harmless, and discharge Catholic Charities of Chemung/Schuyler and their respective officers, agents, employees and all persons conducting, directly or indirectly, the activities surrounding my involvement as a volunteer at Catholic Charities from any and all claims, rights, demands, actions, causes of action, expenses or damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in any way to my participation as a volunteer. I acknowledge that I have read, fully understand and voluntarily agree to this Release. I grant full permission to Catholic Charities to use any photographs, film, video or audiotapes of me performing volunteer work for any purpose Catholic Charities deems appropriate. \_\_\_\_\_ Yes   \_\_\_\_\_ No

Volunteer Name (*Please Print*): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN CONSENT RELEASE**

*[Required if volunteer is under the age of 18. All minors must be accompanied by an adult at all times.]*

I certify that I am the parent or legal guardian of the minor volunteer named above and hereby grant permission for him/her to participate as a volunteer with Catholic Charities of Chemung/Schuyler. I further agree to abide by the stipulations set forth in the above paragraphs.

Parent/Legal Guardian Name (*Please Print*): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required if the parent/legal guardian will not be the one accompanying the volunteer under the age of 18.**

Chaperone Name (*Please Print*): \_\_\_\_\_

Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_\_