# VOLUNTEER SIGN UP FORM

Organization: _____ Contact Email: _____

**Volunteer Personal Information:**

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

**Emergency Contact Information:**

Full Name: _____

Relationship: _____

Phone Number: _____

**Volunteer Availability:**

Days Available (check all that apply):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

**Areas of Interest:**

- ☐ Event Planning
- ☐ Fundraising
- ☐ Community Outreach
- ☐ Administrative Support
- ☐ Teaching / Tutoring
- ☐ Environmental Projects
- ☐ Healthcare Assistance
- ☐ Mentorship
- ☐ Other (please specify): _____

**Volunteer Agreement and Waiver:**

I acknowledge that volunteering involves some risks, including but not limited to physical injury. I agree to assume all risks and waive any claims against the organization, its officers, employees, and agents for any injury or damage arising

out of or related to my volunteer activities. I certify that I am physically able to perform volunteer duties and that I will comply with all instructions and policies of the organization. I grant permission to use my image or likeness in any promotional materials or media.

**Confidentiality and Data Use:**

All personal information collected in this form will be kept confidential and used solely for the purpose of managing volunteer activities. Information may be shared with relevant staff and volunteers as needed for coordination. The organization commits to compliance with applicable United States privacy laws and data protection regulations.

**Background Check Authorization:**

I hereby authorize the organization to conduct any necessary background checks as required by law or organizational policy. I understand that such checks may include criminal records, sex offender registries, and other relevant screenings. I release the organization from any liability arising from the use or disclosure of this information.

**Code of Conduct:**

As a volunteer, I agree to conduct myself in a professional and respectful manner at all times. I will comply with all organizational policies, including those regarding harassment, discrimination, and safety. I understand that violation of policies may result in termination of volunteer status.

**Termination:**

The organization reserves the right to terminate volunteer participation at any time, with or without cause, subject to applicable law. Volunteers may also resign at any time by notifying the organization.

**Acknowledgement and Signature:**

I acknowledge that I have read, understand, and agree to the terms stated above.

**VOLUNTEER SIGNATURE** DATE

Signature: _____ _____

PRINT FULL NAME: _____