



VOLUNTEER FORM

Volunteer Name: _____

Personal E-mail: _____

Phone Number: _____

Home Address: _____

Organization/Group/School: _____

Medical Conditions we should be aware of: _____

Emergency Contact: _____ Relationship to Volunteer: _____

Phone Number: _____

Below required if Volunteer is under the age of 18

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian E-mail: _____ Parent/Guardian Phone: _____

As a volunteer of Amos House, I agree to abide by policies and procedures and I understand that Amos House is not responsible in the event of accident, injury, illness, or personal loss during my time as a volunteer.

Signed: _____ Date: _____

Permission to Use Photograph

I grant to Amos House, the right to take photographs of me and my family. I authorize Amos House, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Amos House may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, fundraising, illustration, advertising, and Web content. I have read and understand the above:

Signature _____ Printed name _____

Address _____ Date _____

Signature, parent or guardian (if under age 18) _____