



Heart of West Michigan
United Way's
Volunteer Center

VOLUNTEER RELEASE FORM

Note: A release from is needed form each volunteer. Please use this form as a master to make additional copies if needed.

All information must be completed below to participate in a volunteer project. Information will not be shared outside of the Heart of West Michigan United Way, your project location or your organization/group.

Please list the group/company you are volunteering with: _____

Relationship to group: Employee Family/Friend of Employee Student Other _____

Please select your interest area(s) Basic Needs Financial Stability Educational Preparedness

Agency/Project Name: _____ Project Time: _____

Name: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Email Address: _____

Twitter ID: _____

Are you 18 years of age or older? Yes No

Emergency Contact: _____ Day Phone: _____

LIABILITY RELEASE: I hereby release, indemnify and hold harmless Heart of West Michigan United Way, the organizers, sponsors and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with the 2010 Day of Caring.

COMMUNICATIONS RELEASE: I hereby give to Heart of West Michigan United Way, to its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish of exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken at project site and to disseminate statements referring to me in conjunction therewith if Heart of West Michigan United Way so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of Heart of West Michigan United Way and any of its fund campaigns or any of its activities.

Signature: _____ Date: _____

Please check this box if you do not wish to receive communication from Heart of West Michigan United Way via email or mail.