

**GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED**



Please contact United Way of Rhea County with any questions.

Phone: (423) 775-5633

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Volunteer Application

PLEASE PROVIDE THE FOLLOWING INFORMATION (please print clearly)

Name: _____ Date: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Primary Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Work/Community Involvement/Church	Position/Member	Skills	Past/Present

Do you have any condition and/or physical limitations that would prohibit or limit you from performing your volunteer duties or responsibilities?

Yes No

If yes, please describe any physical limitations and any reasonable accommodations that you may need for you to perform your volunteer duties and responsibilities:

What would you like to volunteer for?

Leadership Youth Leadership Special Events Projects as needed

Community Organizing Other: _____

When are you available to volunteer? Mon Tue Wed Thu Fri Sat Sun

References: (if required)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

I consent that I am at least 18 years of age. If under 18 years of age you must have a parent or guardian signature to volunteer.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Volunteer Release and Consent Form

I understand that I may receive personal information regarding United Way participants and I understand that this information is confidential and no such information obtained from United Way participants including addresses and contact information, will be disclosed by me to any outside party or agency either in a written or verbal form.

Release of Liability

I hereby release, indemnify and hold harmless United Way of Rhea County officers, directors and employees, the participating agencies, the coordinating agencies, the organizers, sponsors, and supervision from any and all liability in connection with any injury I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Tennessee, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

Communications Release

I hereby grant permission to the United Way of Rhea County to use my photograph, video, or statements taken during volunteering on its World Wide Web site, in other marketing materials, or in other public publications without further consideration, and I acknowledge United Way's right to crop or treat the photograph at its discretion. I also acknowledge that United Way may choose to use my photo at its own discretion, 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 United Way of Rhea County and any of its activities.

Signature: _____ Date: _____

Parental Consent/Release – if the individual is under 18 years of age, a parent or legal guardian must sign the following.

I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Relationship to minor: _____