



Third Annual Pike County Day of Caring Saturday September 13, 2003

2003 VOLUNTEER SIGN-UP and RELEASE FORM

Please fill out the following information, sign the form, and mail it to:
PO BOX 806; Milford PA, 18337 by August 22, 2003. Thank you!!

Name of Participant _____

Home Phone# _____ Work Phone# _____

Address _____

E-mail Address _____

- Youth (14-17 years of age)*
- Adult (18 and over)

Please note any special skills or interests (example: painting, construction, clerical, landscaping, etc.) so that we can try to match volunteers' skills with the various tasks.

Please note any limitations you may have with specific tasks and kinds of work (example: arthritis, allergies, etc.) so that we can try to match volunteers' special needs with the various tasks.

*Remember that you will need to wear/bring work clothes and sturdy shoes to this event!
If you have any other questions or concerns, please contact our office at (570) 296-9980.

Please read and sign below:

*We must have the signature of a parent or guardian if the participant is under 18 years of age!

I _____, hereby release, indemnify and hold harmless the United Way of Pike County, the organizers, sponsors and supervisors of all its activities, from any and all liability in connection with my participation in Day of Caring 2002, conducted at various non-profit organizations and their clients, throughout Pike County, on Saturday, September 13, 2003.

In addition, I grant the United Way of Pike County and its assigns permission to utilize any photographs or videos taken of me in the conduct of this event through all forms of media, including United Way's website.

Participant Signature _____ Date _____

*Parent/Guardian Signature _____ Date _____