

VOLUNTEER INFORMATION

Please print the following information:

Name _____

Address _____

City _____ State _____ Zip _____

Age: _____ Date of Birth: _____

Daytime phone: _____ Evening phone: _____ Cell: _____

E-mail address: _____

Interests: _____

VOLUNTEER RELEASE OF LIABILITY FORM Community Events

Please complete this form. All Volunteers must complete this form.

I understand that my activities may or may not be supervised depending on the extent of the volunteer activity and the number of Springfield Township employees or instructors available for supervision. I specifically agree to perform only those tasks assigned to me, to identify myself as a volunteer, to direct persons with issues unrelated to my assigned task to the appropriate Township employee, and to immediately cease any volunteer activities and to alert a Township employee should my assigned task become dangerous.

I understand and agree that my participation in performing volunteer service is purely voluntary, does not render me a Township or an ArtsConnect employee, and does not entitle me or other participants to wages or other forms of compensation.

I specifically indemnify Springfield Township, ArtsConnect, its Boards of Trustees, employees, officers, and agents and hold those persons harmless from any and all liability, losses, claims, demands, damages, suits or causes of action resulting from any injury I might receive as a result of my participation in the volunteer activities. Springfield Township is further given the free use of my likeness in the connection with any broadcast, release, media account or other publicity generated by the activities for which I am volunteering.

Printed Name _____ Date: _____

Signature _____

Printed Name of parent or guardian if under 18 years of age: _____ Date: _____

Signature of parent or guardian: _____