

## Caroline County Day of Caring 2009 - Volunteer Release Form

All Day of Caring Volunteers **MUST** complete a Volunteer Release Form.  
Please return completed forms to your Team Leader promptly!

**Company/Group:** \_\_\_\_\_

**Volunteer Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**T-Shirt Size:**     S         M         L         XL         XXL

### Type of Agency Preferred:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Children / Youth | <input type="checkbox"/> Seniors             |
| <input type="checkbox"/> Animals       | <input type="checkbox"/> Environmental    | <input type="checkbox"/> Schools / Education |

### Type of Project Preferred:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> No Preference      | <input type="checkbox"/> Indoor                 | <input type="checkbox"/> Outdoor               |
| <input type="checkbox"/> Painting / Fix up  | <input type="checkbox"/> Small Building Project | <input type="checkbox"/> Yard Work / Gardening |
| <input type="checkbox"/> Play Activities    | <input type="checkbox"/> Arts / Crafts          | <input type="checkbox"/> Interact with Clients |
| <input type="checkbox"/> Cleaning / Sorting | <input type="checkbox"/> Cooking / Food Prep    | <input type="checkbox"/> Admin / Computers     |
| <input type="checkbox"/> Advocacy           | <input type="checkbox"/> Collection/Drive       | <input type="checkbox"/> Fundraising           |

RUW will attempt to provide a wide variety of Volunteer Projects for a wide variety of volunteer skills and interests. RUW reserves the right to place teams where needed in order to maximize available resources and meet as many agency requests as possible.

**Liability Release** - I hereby release and hold harmless Rappahannock United Way, the organizers, the agency at which I volunteer and sponsors and supervisors of all activities, from any and all liability for any injury I may suffer (including any injury caused by negligence) in conjunction with Day of Caring on Thursday, September 25, 2009. I also certify that I am in good health and able to participate in the program activities of Day of Caring 2009. I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Communications Release** – I hereby waive any claim to the rights the photographic recordings made of me on Day of Caring by Rappahannock United Way (RUW) or its agency's, to RUW. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording for purposes deemed suitable by RUW. I hereby waive any right to approve the finished products. I hereby certify that I am 18 years of age or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

