



LA PUENTE HOME

**Volunteer Waiver Form**

NAME OF VOLUNTEER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

BUSINESS/OCCUPATION/SCHOOL \_\_\_\_\_

SKILLS \_\_\_\_\_ VOLUNTEER INTEREST \_\_\_\_\_

CHURCH/ORGANIZATION/AFFILIATION \_\_\_\_\_ COORDINATOR \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_ RELATION TO YOU \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\_\_\_\_\_ I agree to have my photo taken for use of La Puente publications (newsletters, website, fliers, etc).

\_\_\_\_\_ I would like to receive electronic updates and newsletters from La Puente.

\_\_\_\_\_ I do not agree to have my photo taken for use of La Puente publications.

**WAIVER OF LIABILITY**

To be read and signed by each person doing volunteer work with La Puente Home.

I understand that La Puente Home, Inc. will not be held liable for any injury or illness that I, or my dependent(s), may suffer. I waive any such claim for compensation from this organization in the event of such injury.

SIGNATURE OF VOLUNTEER or PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF DEPENDENT(S) \_\_\_\_\_