



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)