

MORaine TOWNSHIP APPLICATION FOR VOLUNTEER SERVICE

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Are you under 18? Yes No Can you lift 20 lbs.? Yes No

What volunteer areas interest you? Circle all that apply: Office Pantry ACA VITA Garden

Physical Limitations: _____

Languages Spoken: _____

Availability: _____

Other Information: _____

WAIVER AND RELEASE OF LIABILITY

I _____ do hereby release and forever discharge Moraine Township, its agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable who might be claimed to be liable, whether or not named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of actions, lawsuits, claims and demands which I may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future as a result of or in any way relating to my volunteer effort in the Moraine Township Food Pantry or other Township Program.

I acknowledge that I am volunteering to donate my services and I waive any claim for any injury that I may suffer as a result of my participation.

This Release shall be binding upon the undersigned, and his/her respective heirs, executors, administrators, personal representatives, successors, and assigns. This Release shall be subject to, and governed by, the laws of the State of Illinois.

I have fully and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this ____ day of _____, 20____.

Releaser's Printed Name: _____

Releaser's Signature: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____