



## Columbia Community Care Form

**Columbia Community Cares strives to elevate the quality of life for the whole community.**

Name:

Phone #:

Address:

Requested By:

Phone #:

Request: Examples: need a ride, need school supplies, send flowers/sympathy or birthday cards, yard cleanup (snow removal, garden tilling, taking trash, etc.), wellness check.

Please explain request below:

**\*Please return this form back to Sydney Hanna at 112 N Lake Blvd Columbia, SD 57433.**



## Columbia Community Care Volunteer Form

**Columbia Community Cares strives to elevate the quality of life for the whole community.**

Name:

Phone #:

Address:

Assets/Skills willing to provide:

I, \_\_\_\_\_, agree to volunteer my time and services to the Columbia Community Care Program. I understand the services provided will be in donation and under no circumstances will accept wages from the organization for the services provided within this volunteer agreement. I agree to indemnify and hold the Columbia Community Care Program harmless against any damages related to the activity.

Additionally, the Columbia Community Care Program will hold the volunteer harmless against any damages related to the volunteer's activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please return this form to Sydney Hanna at 112 N Lake Blvd Columbia, SD 57433.**