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| **FIRST NAME:** | **LAST NAME:** |
| **STREET ADDRESS:** | |
| **CITY/STATE/ZIP:** | |
| **PHONE:** | **E-MAIL:** |
| **COUNTY:** | |
| **COMPANY/SCHOOL/ORGANIZATION:** | |
| **EMERGENCY CONTACT:** | **PHONE:** |
| **DATE OF BIRTH (MM/DD/YYYY)** | **FEMALE MALE OTHER GENDER IDENTITY** |
| **RACE/ETHNICITY (OPTIONAL):** American Indian/Alaskan Native Asian American  Black or African American Native Hawaiian or Pacific Islander More than one race White or Caucasian Hispanic or Latinx Prefer not to answer | |
| **EVENT:** | |
| **WOULD YOU LIKE MORE INFORMATION ABOUT ONGOING VOLUNTEERING? YES NO** | |

**MASTER CARE-GIVERS INC. VOLUNTEERS**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably. I understand that Master Care-Givers Inc. may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Master Care-Givers Inc. and volunteers is an “at will” arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Master Care-Givers Inc. or at my option and that Master Care-Givers Inc. may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Master Care-Givers Inc. permission to use my likeness, voice and words in or on television, radio, print, film and on Master Care-Givers Inc.’s website(s) or in any other form, format, or media, to promote Master Care-Givers Inc. and its mission and to raise funds for Master Care-Givers Inc.

I (and/or my minor children) release, indemnify, covenant not to sue, and hold harmless Master Care-Givers Inc., its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises (the “Released Parties”) on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor children) may incur as a result of participating and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, save and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

**I/WE HAVE READ AND UNDERSTAND THIS RELEASE.**

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature

IF Volunteer is a Minor (under the age of 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Photo ID**

Valid Photo ID Presented or Visual ID Check performed and Photocopied:  Yes  No