FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NJ YMCA State Alliance
400 River View Plaza Suite 425
Trenton, NJ 08611
Phone (609) 278-9622

2025 Culture of Health Volunteer Request Form

DATE: _____ NAME: _____

ADDRESS: _____ APT: _____

CITY: _____STATE: _____

ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CONTACT PREFERENCE: Email _____ Telephone: _____ Text Message: _____

ARE YOU OVER 18 YEARS OF AGE? _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO VOLUNTEER:_____

EMERGENCY CONTACT PHONE NUMBER: _____

AVAILABILITY ON TUESDAY, DECEMBER 9 (check all that apply):

☐ Morning (7:00 AM – 11:30 AM)
☐ Midday (11:30 AM – 2:30 PM)
☐ Afternoon (2:30 PM – 5:30 PM)
☐ Full Day

ARE YOU AVAILABLE TO ASSIST WITH EARLY SET-UP ON MONDAY, DECEMBER 8 (afternoon)?

☐ YES ☐ NO

PREFERRED VOLUNTEER ROLE(S) (CHECK ALL THAT APPLY)

☐ Registration & Check-In
☐ Breakout Room Host
☐ Runner / Floor Support
☐ Donation Drive Support
☐ Volunteer Photographer
☐ No preference — assign me where needed

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NJ YMCA State Alliance
400 River View Plaza Suite 425
Trenton, NJ 08611
Phone (609) 278-9622

2025 Culture of Health Volunteer Request Form (CONTINUED)

Volunteer Liability Waiver

By my signature below I agree that the NJ YMCA State Alliance, its employees, the Board of Directors and all its affiliates are not liable for any injuries or illness that I may suffer in connection with my participation in any NJ YMCA State Alliance activity. I hereby waive, release and forever discharge any claim for compensation or liability against the YMCA and its representatives. I agree that this Release is to be as broad and inclusive as permitted by the laws of the State of New Jersey.

Print Name of Volunteer: _____

Signature _____

Date _____

If the above volunteer is under 18 years old and thus a minor, I, _____ (name of parent/guardian) of the above-named minor, give permission for them to volunteer their time with the NJ YMCA State Alliance and agree to the terms of this waiver of liability.

Print Name of Parent/Guardian: _____

Signature: _____

Email Address: _____

Date _____