

## FISHER OUTREACH GROUP, INC. VOLUNTEER SIGN UP

**Thank you for your interest in volunteering. Please complete the information below and submit to our office. We look forward to meeting you!**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company name : \_\_\_\_\_

Occupation: \_\_\_\_\_

Child Volunteers? If so please provide:

Child name: \_\_\_\_\_ Age: \_\_\_\_\_

Child name: \_\_\_\_\_ Age: \_\_\_\_\_

Child name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please tell us what programs you are interested in volunteering for (check all that apply):**

Food Drives \_\_\_\_\_ Valentines Program \_\_\_\_\_ Garden Project Program \_\_\_\_\_

Christmas Program \_\_\_\_\_ Clothing Drive \_\_\_\_\_ School Supply Drive \_\_\_\_\_

Fall Fun Programs \_\_\_\_\_ Senior Home Programs \_\_\_\_\_ General Collections \_\_\_\_\_

Winter Gear for Homeless Veterans \_\_\_\_\_ Winter Gear for Children \_\_\_\_\_

Company Collection Drive \_\_\_\_\_ Business Drop off location \_\_\_\_\_

Club/School Collection Drive \_\_\_\_\_ Club/School Participation \_\_\_\_\_

Birthday Card Program \_\_\_\_\_ Pen Pal Program \_\_\_\_\_

Behind the Scenes Volunteering (packing, sorting, wrapping, bagging etc.) \_\_\_\_\_

At event Volunteering (load/unload, set up, day of event and breakdown) \_\_\_\_\_

Sponsor (monetary) Personal \_\_\_\_\_ Business \_\_\_\_\_

Product Donations \_\_\_\_\_ Service Donation \_\_\_\_\_ Monetary Donation \_\_\_\_\_

Do you have a services, special skill or talent you would be willing to share with our

participants/organization? If so please tell us a little about that \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Do you drive? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Would you like to be added to our email list for upcoming events and volunteer opportunities?

Yes \_\_\_ No \_\_\_

Fisher Outreach Group, Inc. does not provide liability insurance for the protection of individuals, groups, organizations, spectators, or any others who may participate in, volunteer for or attend any program/event provided by same.

By volunteering at or for, participating in or attending any of our programs, you hereby release and forever discharge Fisher Outreach Group, Inc. and its affiliates, their respective officers, directors, volunteers, agents, contractors, representatives, members, partners, board members and employees (collectively Releasees), jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss, injury, death, which may be sustained related to your participation in any program/event, the negligence or any other acts, whether directly connected to the activity or not, caused by the Releasee or the condition of the premises where the program/event occurs, whether or not you are participating in the program/event and you agree that you, your assignees, heirs, executives, administrators, guardians, next of kin, spouse, legal representative will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered in this release. I understand that photos of me participating in such programs/events may be taken and I agree that photos may be used in any and all marketing/social media/promotional or any other use of same.

I understand that by volunteering, attending or participating in any program/event provided by Fisher Outreach Group, Inc. (or any host sponsoring any program/event) that there is a risk of injury or death and I agree to assume any and all risks, whether known or unknown. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries or damages which are known or unsuspected to exist at this time, to the person executing this release, are hereby expressly waived.

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

Printed Name: \_\_\_\_\_

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

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**FISHER OUTREACH GROUP, INC.**  
8600 US HWY 14, SUITE 106A  
CRYSTAL LAKE, IL 60012  
fisheroutreachgroup@yahoo.com  
<https://fisheroutreachgroup.com/>