

Volunteer Waiver & Signup Form

Thank you for your interest in volunteering with ON3 Shiny First Steps Foundation. Please complete the form below. Your participation helps us support young parents, children, and families in Houston and surrounding areas.

Full Name:	
Phone Number:	
Email Address:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	
Preferred Volunteer Roles:	
Availability (Days/Times):	
Volunteer Liability Waiver	

I acknowledge that I am voluntarily participating in activities with ON3 Shiny First Steps Foundation. I understand that volunteering may involve physical activity or interaction with the public. By signing

below, I release ON3 Shiny F	rst Steps Foundation,	, its staff, and partne	rs from any liabili	ty for injuries,
accidents, or damages that m	ay occur during volun	teer activities.		

I agree to follow all safety guidelines and instructions provided. I confirm that the information provided above is accurate.

Volunteer Signature:		
Date:	-	
Parent/Guardian Signature (if under 18):		 _