



MEMBER / VOLUNTEER REGISTRATION FORM

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone (work) _____ Phone (other) _____

1. I am registering as: **Member** _____ **Volunteer** _____ **Member and Volunteer** _____
2. I wish to receive periodic newsletters and notifications of upcoming events and programs of Horizons via email: Yes _____ No _____
3. I have specific skills/knowledge that could benefit the programs/events of Horizons.
Explain: _____
4. I would suggest Horizons consider providing the following activities/programs in the future.

5. I am available to assist/volunteer to help with some programs/events of Horizons.
Yes _____ No _____ Other _____

PLEASE READ, AGREE, AND SIGN

I agree to abide by the **Code of Conduct** of Expand-Able Horizons.

I the undersigned agree to hold Expand-Able Horizons/Gardnerville, Nevada, and the Directors of these programs and activities, harmless from all suits, claims, or demands of every kind and character arising out of and in connection with this program. In case of accident or illness, the fore mentioned Expand-Able Horizons has my permission to secure medical attention as deemed necessary if unable to communicate with me directly.

Individual PRINTED Name

Individual SIGNATURE

Date

I hereby grant permission to Expand-Able Horizons to utilize my artwork, and/or my appearance, name, voice and likeness to help promote Expand-Able Horizons in any and all manner and media.

Individual SIGNATURE _____ Date _____