



## Volunteer Form:

**PLEASE PRINT:**

Date of Application: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
(Last) (First) (Middle) (Home) (Cell)

Address: \_\_\_\_\_  
(#) (Street) (Apt. #) (City) (State) (Zip)

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

**Emergency Contacts:**

(1) \_\_\_\_\_  
(Name) (Phone Number) (Relationship to you)

(2) \_\_\_\_\_  
(Name) (Phone Number) (Relationship to you)

In signing this Liability Waiver, I agree that I am willingly volunteering with Catholic Charities New Hampshire and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I am wearing proper clothing and shoes that I believe will provide protection according to work conditions. \_\_\_\_\_ (Initials)

**Release:** I hereby release Catholic Charities New Hampshire, any and all sponsoring organization or partners and property owners from any and all claims that may arise from or result in any expenses, personal injury. \_\_\_\_\_ (Initials)

**Adult/Child Photographic Release:** Do you consent to photo or video that may be taken of you while you are volunteering to be used by Catholic Charities New Hampshire or any of its participating agencies for publicity and/or advertising? Yes – No

Do you have any physical or medical limitations that would inhibit some activities?

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Signature:**

\_\_\_\_\_

**Parental/Guardian Signature: (If under 18)**

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