Children's Place
ASSOCIATION

Thank you for volunteering with Children's Place Association. Your support helps us grow our programs and reach more families. To help us stay organized, please provide the following information.

PLEASE PRINT AND COMPLETE ALL FIELDS:

Volunteer Name _____
Phone _____
Address _____
City, State, Zip Code _____
Date of Birth: ___ ___ /___ ___ /___ ___
E-mail _____

EMERGENCY CONTACT INFORMATION:
Name _____
Phone _____
Relationship _____
Doctor _____
Phone _____

Please read and complete the information below:
In volunteering with Children's Place Association, I assume all risks of injury and related medical expenses. I acknowledge I am not covered by Workers' Compensation and release Children's Place Association, its agents, representatives, and employees from any claims for damages or injuries, known or unknown.

Signature_____
Date _____

Parent/Guardian Signature (Required if volunteer is under 18) _____
Date _____

Witness Signature _____
Date _____

FOR OFFICE USE ONLY
Project Date _____
Project Location _____
Project Description _____
# of Hours _____
Name and Title of Project Supervisor _____
Department _____
Phone _____
Data Entry Date _____
Data Entered By _____