



HAITIANS UNITED AGAINST CERVICAL CANCER WALK & HF - VOLUNTEER APPLICATION

(Please Print)

Name: (First) _____ (Last) _____ (MI) _____

Date of Birth (mm/dd/yy): _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Are you a student? Yes No School Name: _____

Do you speak a foreign language? If yes, please list: _____

Have you volunteered for a non-profit before? Yes No If yes, please list responsibilities: _____

IN CASE OF EMERGENCY

Contact: _____ Relationship: _____ Phone: _____

By my/our signatures set forth below, and in consideration of MLCF, I/we hereby release MLCF, its agents, officers, directors, contractors, servants, employees, parents, subsidiaries, members and affiliates (collectively "MLCF Team") and their successors, heirs, assigns and representatives from any and all claims, losses, liabilities, damages and causes of action whatsoever, including those arising from the acts or omissions of the MLCF Team. The scope of this release shall include, without limitation, damages, liabilities, losses or injuries arising in connection with transportation, food, medical concerns (physical and emotional), entertainment, photographs, and physical injury of any kind.

Signature

Date

Parent/Guardian Signature (if under age of 18)

Date