



**Volunteer
Information &
Liability
Release**

NAME: _____ **DOB:** _____

PERMANANT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

Allergies or Medical Conditions: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name/Relationship: _____

Address: _____ **Phone:** _____

AVAILABILITY

Spring (March-May) _____

Tuesdays 4:30-5:30p ____ 5:30-6:30p ____ 6:30-7:30p ____

Thursdays 4:30-5:30p ____ 5:30-6:30p ____ 6:30-7:30p ____

Saturdays 10-11a ____ 11-12p ____ 12p-1p ____ 1p-2p ____ 2p-3p ____

Fall (Sept.-Nov.) _____

Tuesdays 4:30-5:30p ____ 5:30-6:30p ____ 6:30-7:30p ____

Thursdays 4:30-5:30p ____ 5:30-6:30p ____ 6:30-7:30p ____

Saturdays 10-11a ____ 11-12a ____ 12-1 ____ 1-2p ____ 2-3p ____

Summer Sessions(June-Aug.): _____

Mondays 10-11a ____ 11a-Noon ____ Noon-1p ____ 1-2p ____ 2-3p ____

Thursdays 2-3p ____ 3-4p ____ 4-5p ____ 5-6p ____ 6-7p ____