



Volunteer Application & Waiver

Thank you for your interest in volunteering for UCP of Stanislaus County. Please complete the following application and waiver so we may align your skills and interests with available volunteer opportunities.

Applicant Information

Name:	Today's Date:
Complete Address:	Phone Number:
E-mail Address:	Are you at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>

Volunteer Opportunities

- ☐ Set-up ☐ Clerical ☐ IT Work ☐ Physical work (lifting up to 25 pounds)
☐ Promotions/Marketing ☐ Events ☐ Other ☐ Board Member (currently serving on Board)

Availability (Please indicate which day(s) you are available)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Times Available: _____

Photo Release

I hereby grant permission to UCP of Stanislaus County to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of the organization. ☐ Yes ☐ No

Emergency Contact

Name: _____ **Phone:** _____

As a volunteer for UCP of Stanislaus County, I Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this activity and/or event, the following entities or persons: United Cerebral Palsy of Stanislaus County (UCP) their directors, officers, employee, volunteers, representatives and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity and/or event, whether caused by the negligence of release or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the activity and/or event. I further certify that I made true, correct and complete answers and statements on this application and acknowledge that they may be relied upon in considering my volunteer application. I understand that any omission or false statement made on this application, or any supplement to it, may be enough grounds for my discharge should I become a volunteer with United Cerebral Palsy of Stanislaus County.

I agree the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ **Date:** _____

Applications may be submitted online at [Volunteer Application](#) or emailed to info@ucpstan.org.

May 2019

For additional information, please call: 209.577.2122 ext. 106