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I,
(NAME--Please Print)

of
(ADDRESS)

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I hereby waive all claims for any compensation for such use or for damages other than as set forth herein.

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I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to execution, and that I am fully familiar with the contents thereof.

Date:

Signature:

Parent/Guardian
Signature:
(IF SUBJECT IS A MINOR)

Project:



Beaufort County United Way

1385 John Small Avenue
PO Box, 1963, Washington, NC 27889
252-975-6209

Volunteer Application

Today's Date _____ First Date of Volunteering _____

Last Name _____ First Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

Organization/Employer _____ Phone _____

In Case of Emergency Call _____ Phone _____

Relationship _____

Age (Circle) Under 18 18-40 41-60 61+

Gender (circle) Female Male

Occupation _____

Physical Limitations _____

Education Level Completed _____ Degree/Field _____

Special Skills, Hobbies, Interests _____

Other Volunteer Experience _____

What areas are you most interested in working on with BCUW?

- | | |
|--|--|
| <input type="checkbox"/> Annual Campaign | <input type="checkbox"/> Marketing/ PR/Media |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Mentoring Children |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Office Support/Data Entry |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Finance | |
| <input type="checkbox"/> Fund Raising | |
- _____