

YOUTH UNITED



Volunteer Sign-Up Form

Please complete and return this registration form no later than one week prior to the event.

All youth volunteers are also required to have a Parental Permission Form signed.

Mail ALL forms to:

United Way of Snohomish County
Attn: Youth United
3120 McDougall Ave Suite 200
Everett, WA 98201

Fax to:

Attn: Youth United 425.374.5555

Questions? Contact Monica Linhardt
425.374.5526

Name (Please print.)

School

Phone

Email

Please circle your t-shirt size (Adult sizes only): S M L XL XXL

Are you registering as part of a group or with a friend? YES NO

If YES, please list name(s) _____

Note for group sign-up: Each individual in your group must have completed a sign-up sheet, parental permission slip. (Following page)

In signing and returning this to United Way's YOUTH UNITED staff, I am agreeing to:

- 1. Be on time to the volunteer project to which I am assigned.*
- 2. Participate in the project for entire scheduled time, unless I make arrangements in advance with United Way's YOUTH UNITED staff.*
- 3. Contact United Way's YOUTH UNITED staff if I am unable to attend the project I have been assigned.*
- 4. Participate in the volunteer project in a safe, positive and healthy manner.*
- 5. Follow the directions of Youth United adult mentor and organization staff at the project site.*

Student signature

Date

YOUTH UNITED

Parental Permission, Waiver and Release Form

I give my permission for my child to participate as a Youth United volunteer as part of United Way of Snohomish County. I understand that without some program providing protection for its assets and its leaders, United Way of Snohomish County, a non-profit organization, would not be able to offer its community services and activities. Thus, I hereby release and waive all claims and suits against United Way of Snohomish County, its directors, employees, insurers, agents, representatives, assigns, sponsors, participating community service organizations, and other personnel or organization in any way assisting or connected with Youth United. I further agree to indemnify, defend and hold them harmless from any injury or loss associated with my child's participation in Youth United volunteer activities.

I acknowledge that there are certain foreseeable and unforeseeable risks associated with my child's participation in Youth United volunteer activities. Accordingly, I expressly assume on my child's behalf all risks associated with participating in these activities, including, but not limited to, illness, traveling to and from activities, contact with other volunteers or participants, the effects of the weather (including temperature extremes and humidity), all such risks being understood and appreciated by me.

I hereby assign to United Way of Snohomish County all rights to video and audio recordings and all photographs of my child made in connection with Youth United volunteer activities. I hereby authorize editing, duplication, reproduction, copyright, exhibition, broadcast and/or other use and distribution of such recordings or quotations for purposes deemed suitable by United Way of Snohomish County. I also waive any right to approve or disapprove the finished products.

I have read the foregoing Parental Permission, Waiver and Release Agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name of Child _____

School/Organization _____ Graduation Year _____

Mailing Address _____

City _____ Zip _____ Phone _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Emergency Contact _____ Phone _____

Please return to: United Way of Snohomish County, Attn: Youth United

3120 McDougall Ave Suite 200, Everett WA 98201