

PO Box 965, New Castle, PA 16103-0965 | 724.652.4321 | www.cityrescuemission.org

INDIVIDUAL VOLUNTEER INFORMATION & RELEASE FORM (FOR MINOR CHILDREN under the age of 18)

Volunteer Name:			Birthdate:	/	_/
Street Address:					
City, State, Zip:					
Phone Number:		Email:			
Ministry of Service: (check one)		I Men's Ministry □ Women's nistry □ Grounds or Building I		=	Ministry
discharge and hold has successors, agents and which arise or may he Mission. I understand claim that I may have	rmless the City I d assigns from a reafter arise fro and acknowled with respect to, may result fron	ties at the City Rescue Mission a Rescue Mission, its officers, direct ny and all liability, claims, and de m my child's volunteer activities age that the City Rescue Mission but not limited to, bodily injury, on my child's volunteer service progression	ctors, employees, verands of whatever associated with the is released from ar personal injury, ill	voluntee er kind o ne City R ny liabilit Iness, or	ers, or nature escue ty or
Parent/Guardian Signature		Printed Name			Date
Rescue Mission and its and unrestricted right likeness for publication known or hereafter ex	s officers, direct to use, reprodu n in any and all isting. I hereby volunteers, succ	(V ors, employees, successors, agentice and publish photographs(s) of of its publications and in any and release the City Rescue Mission cessors, agents and assigns from ographs(s).	nts and volunteers f me, including my d all other media, v of New Castle and	the irrevilence in the image and whether I its office	vocable and now ers,
Parent/Guardian Signa		Printed Name			Date