



## VOLUNTEER REGISTRATION

Volunteer's Name: \_\_\_\_\_

Birth Year (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact (Name and Phone):**

\_\_\_\_\_

As a volunteer of the nonprofit Dulles South Neighborhood Closet, I understand that no activity is risk free and that COVID-19 is spreading in the community. I, or my minor child, will be volunteering at our own risk and Dulles South Neighborhood Closet, its volunteers and affiliates, cannot assume any responsibility or liability for any accident, injury, or health problem which may arise from volunteering.

I understand that promotional photographs may be taken at events.

I understand that all information about guests with referrals to the "Early Bird" hour is confidential and may not be disclosed without consent.

\_\_\_\_\_

Volunteer's signature

\_\_\_\_\_

Parent or guardian signature for  
volunteer is under age 18.

\_\_\_\_\_

Date

\_\_\_\_\_

Date