

# 21st Annual Day of Caring Thursday, May 18, 2017



## Individual Volunteer Registration Form

Name of Volunteer: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Preferences

Please note that we cannot guarantee fulfillment of preferences below, but will make every effort to do so. Volunteer assignments will be made based on date of response, team size and skill level.

#### Please select your preferred time to volunteer:

- ½ day AM (8 am-noon)       ½ day PM (1 pm-5 pm)       Full day (8 am-5 pm w/one hour lunch)

#### Please select your preferred service area(s):

- Construction       Human service (volunteering with an after-school program, etc)  
 Painting       Personal grooming (manicures for seniors, etc)  
 Building maintenance/cleaning       Anywhere needed  
 Landscaping

Can you provide supplies if needed (e.g. buckets, mops, paintbrushes, etc)?     Yes     No

**Limitations OR Areas of Expertise** - Please indicate any limitations (allergies, disabilities, etc.) and/or areas of expertise (painting, carpentry, etc.):

**Please return completed *Individual Volunteer Registration Form* and *Volunteer Confidentiality Agreement and Release form* NO LATER THAN FRIDAY, April 21, 2017**

Fax to 502-875-8300 or mail to PO Box 1544, Frankfort KY 40602 or scan and email to [uoffice44@gmail.com](mailto:uoffice44@gmail.com)

If you have questions, please contact the United Way of Franklin County office at 502-875-1675



# 21st Annual Day of Caring Thursday, May 18, 2017

*United Way of Franklin County*

*76 C Michael Davenport Blvd; Ste. 2B; Frankfort, Kentucky 40601*

*(502) 875-1675*

## **VOLUNTEER CONFIDENTIALITY AGREEMENT & RELEASE FORM**

This form is for: \_\_\_\_\_  
*Volunteer*

### **CONFIDENTIALITY AGREEMENT**

I understand that, in performance of my duties as a volunteer, I may have access to confidential information, which may not be shared with anyone without express written consent of the participants and/or their parent/guardian in the case of a minor. I understand that any violation of this information may result in my dismissal or possible legal action taken against me.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*Volunteer*

### **RELEASE FROM LIABILITY and INDEMNIFICATION**

I hereby agree that I, my assignees, heirs, distributees, guardian and legal representatives will not make a claim against or sue the United Way of Franklin County (hereinafter "UWFC") on account of injury, illness or damages resulting from negligence or other acts, howsoever caused, by any employee, volunteer or agent of the UWFC as a result of my participation in volunteer service. I hereby release the UWFC from all actions, claims or demands that I, my assignees, heirs, distributees, guardian and legal representatives may have or hereinafter have for injury, illness or damages from my participation in volunteer service.

I also hereby agree to indemnify and to save the UWFC harmless from all liability for loss, damage or injury to the person or property of another resulting from my negligence or misconduct in the course of my participation in the volunteer service.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*Volunteer, Parent or Guardian*

### **PHOTO RELEASE**

I  DO  DO NOT consent to and authorize the use and reproduction of any photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the United Way of Franklin County or its participating organizations.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*Volunteer, parent or guardian*