

United Way of Northern Arizona

Crisis Response Volunteer Application

Volunteer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____
Email _____

Emergency Contact

Name _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____
Relationship _____

Age Category

Adult Teen Child

Days Available

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Available

Any Time Morning Afternoon Evening

Specialty Skills *(please list any certifications ex. EMT, RN, LCPC)*

I consent that I am at least 18 years of age. If under 18 years of age you must have a parent or guardian signature to volunteer.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Name (please print) _____



Please email signed completed form to volunteer@nazunitedway.org

Please contact United Way of
Northern Arizona with any questions
Phone: (928) 773-9813 x 219
volunteer@nazunitedway.org
www.nazunitedway.org

Volunteer Release and Consent Form

I understand that I may receive personal information regarding United Way participants and I understand that this information is confidential and no such information obtained from United Way participants including addresses and contact information, will be disclosed by me to any outside party or agency either in a written or verbal form.

Release of Liability

I hereby release, indemnify and hold harmless United Way of Northern Arizona officers, directors and employees, the county and local governments, the State of Arizona, the participating agencies, the coordinating agencies, the organizers, sponsors, and supervision from any and all liability in connection with any injury I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Arizona, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

Communications Release

I hereby grant permission to the United Way of Northern Arizona to use my photograph, video, or statements taken during volunteering on its World Wide Web site, in other marketing materials, or in other public publications without further consideration, and I acknowledge United Way's right to crop or treat the photograph at its discretion. I also acknowledge that United Way may choose to use my photo at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of United Way of Northern Arizona and any of its activities.

Signature: _____ Date: _____

Parental Consent/Release – If the individual is under 18 years of age, the following must be signed by a parent or legal guardian.

I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Relationship to minor: _____