



United Way of Santa Rosa County

# Volunteer Registration Form

Thank you so much for taking the time to fill out this form. By offering your services to United Way of Santa Rosa, you are investing in your community. For over 60 years, United Way of Santa Rosa has been changing lives by mobilizing the caring power of this Gulf Coast community. Thank you for being part of that change. By exemplifying our LIVE UNITED credo, you can make big changes. When you reach out a hand to one, you influence the condition of all.

*Please print:*

Mr.  Mrs.  Ms. Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a year-round Florida resident?  Yes  No. Months you are available. \_\_\_\_\_

If you have any health limitations, please explain. \_\_\_\_\_

Availability:  Open  Weekdays  Weekends Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- I would like to help with:
- Diaper Drive
  - Annual Campaign
  - Special Events
  - Cram the Van
  - Coats for Kids
  - Majors Helps
  - Fall Festival
  - Day of Action/Caring
  - Santa Rosa Santa's Toy Chest
  - All of the above

Have you been convicted of a Felony?  Yes  No

How did you hear about United Way?  Print Media  TV/Radio  Social Media  Website

Please tell us why you would like to volunteer for United Way of Santa Rosa County:

Please List any valuable skills and experience you have so that we can match you with future volunteer opportunities:

Would you like to receive our monthly e-Newsletter?  Yes  No

May we contact you for additional information and/or volunteer opportunities?  Yes  No

Would you like us to contact you to schedule a 15-20 minute orientation via phone or in person?

In person  By phone  No thanks

Please return this form to United Way of Santa Rosa County:

In person: 6479-A Caroline St. Milton, FL 32570

By Fax: (850) 626-9584

By Mail: P.O. Box 284 Milton, FL 32572

By Email at: [volunteering@unitedwaysrc.org](mailto:volunteering@unitedwaysrc.org)

*Rev. Date: 11/17/2015*

**GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.**

P.O. Box 284 Milton, FL 32572 – [www.unitedwaysrc.org](http://www.unitedwaysrc.org) – p: 850.623.4507 – f: 850.626.9584



**United Way  
of Santa Rosa County**

## *Volunteer Release of Liability*

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify, and hold harmless the United Way of Santa Rosa from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer effort in which I participate. In addition, I hereby grant permission to the United Way of Santa Rosa to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during any volunteer efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

\_\_\_\_ (Please initial) I have carefully read the foregoing release and indemnification and understand the comments thereof and sign this release as my own free act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Guardian: \_\_\_\_\_  
(If under 18 yrs. of age)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_