



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

Rev. Date: 11/17/2015

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED.

P.O. Box 284 Milton, FL 32572 – 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: _____