



the compassion to care, the leadership to conquer

Special Event Volunteer Contact Sheet

Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

City _____ State _____ Zip _____ Fax (_____) _____

Place of Work/ School _____ Position/ Year in School _____

Email Address (print clearly) _____ Date of Birth: _____

Are you volunteering with a group? If so, group name: _____

Would you like to learn more about other volunteer opportunities with us? Yes No

Please specify at which Walk or Event you wish to Volunteer: _____

In case of an emergency. (This information must be completed before beginning volunteer service.)

Please contact _____ Phone _____

Relationship to volunteer _____

Mark all that apply:

____ Family member; my _____ has / had Alzheimer's disease

____ Friend of a person with Alzheimer's disease _____ Community Supporter

____ Student interested in learning more through volunteer service _____ Health Care Professional

Assumption of Risk, Release and Permission

In consideration of being allowed to participate in an Alzheimer's Association volunteer event, I hereby expressly assume all risks of personal injury, death or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in this event. I hereby release and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from or in connection with any and all liability and claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant through photographs, video or other recordings.

Signature _____
(parent or guardian's signature if volunteer is under 18 years of age)

Date _____