

- Volunteering with company / organization  
Name of Group: \_\_\_\_\_
- Volunteering as an individual

FAX or email completed application to:  
Aloha United Way  
Fax: (808) 543-2222  
Email: Marketing@auw.org



# ALOHA UNITED WAY VOLUNTEER RELEASE AND CONSENT FORM

*MAHALO for making a difference in our community!*

200 N. Vineyard Boulevard, Suite 700 • Honolulu, Hawaii 96817-3952 • (808) 536-1951 • auw.org

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

## VOLUNTEER INFORMATION Please print clearly

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Suffix (Jr., Sr.) \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_  HOME  WORK  CELL

PREFERRED EMAIL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

Some volunteer positions require lifting up to 50 lbs. Do you have any conditions that would restrict your ability to lift or carry up to 50 lbs? Please circle one: YES NO

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

RELATION TO VOLUNTEER \_\_\_\_\_

### RELEASE AND WAIVER

I understand that I may receive personal information regarding Aloha 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 Aloha United Way, its officers, directors and employees, the participating agencies, the coordinating agencies, the organizers, sponsors, anyone acting on its behalf and supervision from any and all claims of liability in connection with any injury, death or property damage of any kind or nature whatsoever 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 extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds, myself, my heirs, executors, administrators or anyone else who might claim on my behalf. 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 Aloha United Way to use my photograph, video, recordings or statements taken during volunteering on its World Wide Web site, social media sites, in other marketing materials, or in other public publications without further consideration, and I acknowledge Aloha United Way's right to crop or treat the photograph at its discretion. I also acknowledge that Aloha 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 Aloha United Way and any of its activities.

 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENTAL CONSENT/RELEASE** – if the individual is under 18 years of age, a parent or legal guardian must sign the following.

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: \_\_\_\_\_

Volunteer forms for minors will be accepted only with parent/guardian signature above.