



Cycle for Shelter Volunteer Registration Consent & Waiver Form
Please complete (one per volunteer)
Return to: Emmaus, Inc. PO Box 568, Haverhill, MA 01831

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone: Day Time: _____ Evening: _____

Availability: Volunteers are needed:

The week before: _____ During the day Wed. Thurs. Fri. _____

The day of the event: _____

The week after event: _____ Mon. – Fri. _____

2 hr. blocks anytime from 5:00am – 5:00pm (please specify) _____

Volunteer Position Last Year: _____

(or when you last volunteered at Cycle for Shelter or write **FIRST TIME VOLUNTEER**)

Preferred Volunteer Position this year: _____

In consideration of being allowed to participate in Emmaus Inc's Cycle for Shelter as a volunteer I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, me executors and administrators, waive and release any and all rights for damages I may have against any parties connected with Emmaus Inc's Cycle for Shelter.

I understand that Emmaus Inc's Cycle for Shelter relies on a large team of volunteers who generously donate their time and talent to the event. I understand that failing to fulfill my volunteer assignment unfairly burdens fellow volunteers, Emmaus staff and the riders. It is my responsibility to notify Emmaus at 978.241.3425 or terri@emmausinc.org if I am unable to fulfill my volunteer assignment.

I grant full permission to use any photograph, likeness or image taken of me during the event in printed and electronic publications.

I give permission to add my name to Emmaus Inc's mailing and emailing lists **YES** **NO**

If, NO, we thank you in advance because no acknowledgement will sent after the event.

Signed: _____ Date: _____

UNDER 18 NEEDS PARENT'S SIGNATURE AND CAN ONLY VOLUNTEER IF SOMEONE OVER 18 IS WITH THEM. MINIMUM AGE FOR ALL VOLUNTEERS IS 14*

Parent or Guardian _____