

Volunteer Services - Group Event Sign-Up Sheet

WE REQUIRE THE FOLLOWING RELEASE INFORMATION FOR VOLUNTEER INSURANCE AND RECOGNITION PURPOSES: I understand that the City of Seattle provides volunteer insurance for bodily injury to self, personal and property damage while I volunteer. For and in consideration of my participation in this City of Seattle event—a voluntary, public/private cooperative program—I release, acquit, and forever discharge the City of Seattle (a municipal corporation), its officers, agents, employees, and volunteers from all claims, demands, damages, costs, actions, or liability, because of, or in any way growing out of, all known and unknown, foreseen and unforeseen bodily injuries or death and damage to property resulting from or by reason of my participation in, or transportation to or from, any activity, work, or work site in any way related to the program. You will receive a bill for tools that are not returned, broken or lost. **Unless otherwise noted, I give permission to be photographed, and Seattle Parks and Recreation may use the images.**

SPECIAL EVENT/GROUP NAME: (Day of Caring, CC Salmon Bake, Starbucks, etc.)				PROJECT TYPE: (Check all that apply) <input type="checkbox"/> Special Event <input type="checkbox"/> Restoration/Maintenance <input type="checkbox"/> Training <input type="checkbox"/> Other:					
Park Name:		VOLUNTEER EVENT LEAD NAME: (Steward, Staff)				Date:			
	<input checked="" type="checkbox"/> Under 18?	Name	Address	Phone	E-Mail Provide your email address if you would like to receive more information about volunteer opportunities.	Company Gift/Volunteer Match? YES! Which Company?	Start Time	End Time	Total Hours
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

TOTAL NUMBER UNDER 18 _____ TOTAL NUMBER HOURS FOR UNDER 18 _____ TOTAL NUMBER ADULT _____ TOTAL NUMBER ADULT HOURS _____

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Park Name:	VOLUNTEER EVENT LEAD NAME: (Steward, Staff)	Date:
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	Under 18?	Name	Address	Phone	E-Mail (Provide your email address if you would like to receive more information about volunteer opportunities.)	Company Gift/Volunteer Match? YES! Which Company?	Start Time	End Time	Total Hours
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

TOTAL NUMBER UNDER 18 _____ TOTAL NUMBER HOURS FOR UNDER 18 _____ TOTAL NUMBER ADULT _____ TOTAL NUMBER ADULT HOURS _____