

***Volunteer Information and Release Form  
for  
Clothing Center of Delaware County, Inc.***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_ month \_\_\_\_\_ day

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

List special skills, talents and interest that you have to share with volunteering:

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List any special limitations (allergies, medical, physical), which need to be considered with volunteer work assignment: \_\_\_\_\_

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**On The Back** Please sign the waiver and release on the back of this form.

**Return Form To:** Clothing Center of Delaware County  
PO Box 905  
Muncie, IN 47308-0905

*Thank you for your wiliness to volunteer with the Clothing Center of Delaware County.  
With your help we can assist the clothing needs of children in Muncie and Delaware County  
schools.*

1/12/2017

**Conditions of Volunteer's Participation and Release**

The *Clothing Center of Delaware County* owes its success to the dedicated work of our volunteers. Without their time and efforts, many children would not have sufficient proper fitting, warm clothing to attend school. Our volunteers are an invaluable resource. We realize that due to the inherent nature of volunteer work, there are some risks which will always exist.

In consideration of permitting me to participate as a volunteer at the *Clothing Center of Delaware County* and for other valuable consideration, I acknowledge and agree, for myself and/or for my executors, heirs, and assigns, that there are certain risks of physical injury as result of my volunteer activities at the *Clothing Center of Delaware* and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with the *Clothing Center of Delaware County*. Therefore, I hereby agree to release and discharge, for myself and for my executors, heirs, and assigns, the *Clothing Center of Delaware County, Inc.*, and their respective affiliated corporations, shareholders, directors, officers, employees, and agents (collectively, the "Sponsors") and other volunteers, from any and all claims, cost, demands, obligations, injuries, or causes of action of any nature whatsoever (collectively, "Claims") which I might assert, in my behalf and/or in behalf of my child, and which results in any manner from my participation in volunteer activities for the *Clothing Center of Delaware County, Inc.* or the participation in volunteer activities by others, and I hereby agree to indemnify, defend, and hold harmless the Sponsors against any Claims brought by others which result in any manner from my participation in *Clothing Center of Delaware County, Inc.* activities.

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I have read fully and fully understand this release form. Before this registration as a volunteer is valid, this release must be signed by the participant, and if under age 18, by the participant's parent or legal guardian.

**Volunteer's Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Volunteer's Signature:** \_\_\_\_\_

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I hereby execute this waiver and release on behalf of the named minor volunteer, who is under age eighteen (18) years of age and represent and warrant that I am a parent or guardian authorized to execute this wavier and release on behalf of such minor.

**Parent/Guardian's Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian's Signature:** \_\_\_\_\_

1/12/2017