

Last Name_





Mi:

Volunteer Agreement

_____ Preferred First Name _____

Address		
City		Zip
Date of Birth: Month: Day: Year:		
Home Phone:Cell Pho	ne:	Work Phone:
E-mail:		_
Organization/Group/Club (if applicable)		
Special Needs:		
Emergency Contact:		
Name:PI	hone:	
Relationship to Volunteer:		
	AGREEMENT	
It is understood and agreed upon by American Fa into is one of volunteerism and not employmen benefits which may be enjoyed by regular employ at any time, with or without cause and without price	nt; that both par yees; and that ei	arties agree there will be no payment or fringe
I also hereby authorize and give full consent to A display, publish and copyright the same. It is furt be used these photographs, for, or in, any and al advertising purposes, provided upon condition th are used or printed. I also agree not to seek mone	ther agreed that II exhibitions, pu at American Fan	nt American Family Housing may use or cause to public displays, publications, commercial art and amily Housing is duly credited when photographs
Printed Name of Volunteer:		
Volunteer's Signature:		Date:
Parent's or Guardian's Signature: (If volunteer is under age 18)		Date:

Note to Parents: Please be aware that children under the age of 16 will not be permitted to volunteer with American Family Housing unless accompanied during their service hours by: 1) a parent or legal guardian, or 2) a responsible adult from their organization.

Thank you for your interest in volunteering with American Family Housing. We appreciate your offer to share your time and talents with us. Please return this agreement to: American Family Housing 15161 Jackson St., Midway City, CA 92655 -orfax to: (714)893-6858 -or- email to: Volunteer@afhusa.org -or- bring it with you to the event.