



## Volunteer Form

**Section I: Volunteer Information** (All interested parties must successfully pass a background check prior to volunteering within the agency. This may take 3-5 days.)

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Section II: Activity**

**Event Name:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Section III: Availability**

Monday	Times: _____	Friday	Times: _____
Tuesday	Times: _____	Saturday	Times: _____
Wednesday	Times: _____	Sunday	Times: _____
Thursday	Times: _____		

**Section IV: Skills and Experience**

Please list any special skills or volunteer experience \_\_\_\_\_  
 \_\_\_\_\_

**Section V: Consent**

By my signature below, I do release and indemnify, defend and hold harmless UCP-CDS from and against any claims, actions, suits or proceedings of any kind or nature arising as a result of my actions during this volunteer period.

I also release the officers, staff and Board of Directors of UCP-CDS, without limitations, from damages, liabilities, penalties, costs, expenses, legal fees, and claims.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Printed Name)

Signature: \_\_\_\_\_