

The Community Closet

416 E. Park Street
Livingston, MT 59047
406-222-5200
www.communitycloset.com

Volunteer Registration Form

Today's Date: _____

Name: _____ Birth Date: _____

Phone: Home: _____ Work/Cell: _____

Email Address: _____

Emergency Contact

Name: _____ Phone: _____

Are you volunteering to fulfill a court-ordered sentence or as part of any program in town that needs to have your hours verified? _____ YES _____ NO

If YES, who's your Court contact person? _____
their name phone number

When would be the best time for you to volunteer?

Is there any particular area you'd like to work in? *For example, some of our parents like to work with kids clothes so they can see what's available for purchase.*

Please describe any physical limitations we need to know about:

Please read and sign our release of liability on the other side. We will call you to set up a short volunteer orientation. Thank you for your interest in volunteering at The Community Closet.

Release of Liability

I, and my heirs, hereby release Community Closet, its officers, employees and agents, and any other people connected with Community Closet, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur in the course of my participation as a volunteer on behalf of Community Closet. I understand that Community Closet does not provide medical or other liability coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(Participant)

(Parent of Guardian's Signature, if under 18)

(Date)