

**Interfaith Hospitality Network
Volunteer Information**

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State/ZIP)

Phone: Home _____ Cell: _____

Email: _____

Group Volunteering with: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

(Name) (Relationship) (Phone)

THANK YOU for completing and returning this application. Please read and sign the following statement before returning the application.

I do hereby release IHNGC, its members, directors, trustees, officers, agents, or other employees and volunteers, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence). I give IHNGC permission to use my photograph, voice or image, with or without my name, both singly and in conjunction with other persons or objects for publicity or recruitment purpose.

Check here if you do not grant permission for your photo to be used by IHNGC.

(Signature) (Date)

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