

# Vibrant Life Volunteer Form

**Community Name:** \_\_\_\_\_

## Volunteer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By checking the signature box below, I hereby verify that information on this application is true and correct and I agree to the following:**

1. I agree to keep confidential all information pertaining to all participants that I may work with during my volunteer assignment. I understand that participant and community information is privileged, and is not to be disseminated by me. Failure to abide by this agreement can result in my immediate dismissal.
2. I give permission for \_\_\_\_\_ to use my photograph for promotional purposes.
3. I understand the position description for the position I will be doing and am aware of any potential risks and benefits associated with it.

Yes - I agree to the statements listed above.

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