

Vibrant Life® Volunteer Form

Community Name: _____

Volunteer Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cellphone: _____ 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: _____