



United Way of Mower County
www.uwmower.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name:

Mailing Address:

(Street)

(City)

(Zip)

Home Address:

(Street)

(City)

(Zip)

Preferred Phone Number: ()

Check one: Home Cell Work

Preferred E-Mail:

Occupation & Employer, if applicable:

Ethnicity:

Date of Birth:

Indicate which volunteer opportunity you are applying for:

- Board Member
- Community Investment Panel Volunteer
- Community Investment Agency Liaison
- Coat Drive
- Day of Caring
- Other: _____

Using the space below, please list any relevant experience and/or a brief volunteer history.

Why are you interested in volunteering with the United Way? And what do you hope to gain from your experience?



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Please list who we can contact in case of an emergency.

Name:

Relationship:

Preferred Phone Number: ()

Check one: Home Cell Work

Do you have any condition and/or physical limitations that would prohibit or limit you from performing your volunteer duties or responsibilities? Yes No

If yes, please describe any physical limitations and any reasonable accommodations that you may need for you to perform your volunteer duties and responsibilities?

Questions?

Contact the United Way of Mower County using the information below.

Return both the completed Volunteer Application and Volunteer Release & Consent form to:

United Way of Mower County
201 S. Main St. | P.O. Box 605 | Austin, MN 55912
(507) 437-2313 | admin@uwmower.org
Office Hours | M—F, 9:00am—4:00pm



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VOLUNTEER RELEASE & CONSENT

LIABILITY RELEASE

I hereby release, indemnify and hold harmless the United Way of Mower County, United Way of Mower County employees, partnering agencies and sponsors from any and all liability in connection with any injury I may sustain, including injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Minnesota.

COMMUNICATION RELEASE

I hereby grant permission to the United Way of Mower County to use my photograph, video, or statements taken during volunteering on its World Wide Web site, in other marketing materials, or in other public publications without further consideration, and I acknowledge United Way of Mower County's right to crop or treat the above stated materials at its discretion. I also acknowledge that United Way of Mower County may choose to use my image and statements at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said images and statements with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of United Way of Mower County and any of its activities.

By signing this document, I agree that I have carefully read the above Liability Release and Communication Release and understand the contents thereof. I hereby consent and agree to all of the terms and provisions above.

Printed Name: _____

Signature: _____

Date: _____

Parental Consent/Release *If the individual is under 18 years of age, the following must be signed by a parent or legal guardian.*

I hereby consent and agree, as a parent or legal guardian, to all of the terms and provisions above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Relationship to Minor: _____

Date: _____