



One Time Volunteer Application

This application is for a volunteer who is interested in helping us on a one-time basis. Through the affiliation of a Make-A-Wish® volunteer or staff member, you have been selected to help us on a very special occasion. Thank you for giving us your time.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE: HOME _____ WORK _____ CELL _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ NUMBER _____

HOW ARE YOU AFFILIATED WITH THE MAKE-A-WISH FOUNDATION®?

In consideration of being allowed to volunteer for the **Make-A-Wish Foundation's event**(hereinafter the "Event"), and intending to be legally bound, I hereby for myself, my heirs, executors, administrators and assigns, waive and release all rights and claims for damages which I may have now or in the future against the Make-A-Wish Foundation® of Greater Ohio, Kentucky & Indiana, its officers, directors, employees, agents and affiliates, and their respective heirs and legal representatives (collectively, "Make-A-Wish"), arising out of or relating in any way to the Event, including all claims for personal injuries and/or property damage sustained by me before, during, or after said Event, whether caused or alleged to be caused in whole or in part by the negligence of Make-A-Wish or otherwise. I also hereby covenant not to sue Make-A-Wish for any matter arising out of or connected with the Event.

I recognize that volunteering for the Event involves activities that are physically demanding and which carry a possibility of serious injury, including permanent disability or death. I hereby warrant and represent to Make-A-Wish: (a) that I knowingly and voluntarily assume all risk and responsibility whatsoever associated with my volunteering in the Event; and (b) that I have carefully read and fully understand this Waiver and Release and willingly agree to all of the conditions and obligations set forth herein.

WHEN VOLUNTEERING FOR THE MAKE-A-WISH FOUNDATION®....

- A. I understand that I am not allowed to consume alcohol or any illegal substance.
- B. I understand that I must act in a professional manner.
- C. I understand that I am responsible for respecting the confidentiality of the children that I will work with and the individuals involved in the Make-A-Wish Foundation.
- D. I understand that I must complete any paperwork required by the Foundation.
- E. I understand the need to listen to and follow the directions of my supervisor both in the office and at the event.

Signature of One-Time Event Volunteer: _____ Date: _____

Event: Walk-For-Wishes, Southern Ohio Region