



P.O. Box 2275
Peachtree City, GA 30269

www.asapempowers.org

(770)-632-7451
info@asapempowers.org

VOLUNTEER INFORMATION AND WAIVER

Name: _____ Date: _____

Address: _____ Email: _____

City, Zip Code: _____ Phone #: _____

Best way to contact you – by phone, email or text: _____

Number of hours you would like to volunteer each month: _____

Would you like community service credits for your volunteer hours? Yes No

Do you give ASAP permission to use your picture for ASAP promotional use? Yes No

If yes, do you give ASAP permission to include your name with the photo? Yes No

Disclaimer of Liability

Print your first and last name and sign and date below.

I _____ will **not** hold A Self-help Assistance Program (ASAP) liable for any injury or damage that may occur in carrying out my volunteer activities for the organization. I will refrain from all activities that could result in such injury or damages:

X _____ Date: _____
(Signature and date required)

_____ **Check here if you are under 18 years of age.**
If yes, Parent or guardian signature (authorization required):

X _____ Date: _____

Print name of signatory:
