

P.O. Box 2275 Peachtree City, GA 30269

www.asapempowers.org

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

## VOLUNTEER INFORMATION AND WAIVER

Email:Phone #: month: volunteer hours? Yes No  for ASAP promotional use? Yes No lude your name with the photo? Yes No
month:  volunteer hours? Yes No  for ASAP promotional use? Yes No
month: volunteer hours? Yes No  for ASAP promotional use? Yes No
for ASAP promotional use? Yes No
for ASAP promotional use? Yes No
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d A Self-help Assistance Program (ASAP) ying out my volunteer activities for the d result in such injury or damages:
Date:
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