1 Beavers St.
Newnan, GA 30263

www.ASAPempowers.org
(770)-632-7451

PO Box 2275
Peachtree City. GA 30269

VOLUNTEER INFORMATION AND WAIVER

School or Church: _____ Event: _____

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

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Do you give ASAP permission to post your photograph on our website. Yes No

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

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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 volunteer activities for the organization. I will refrain from all activities that may result in such injury or damage:

X_____ Date: _____
(Signature and date required)

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

X _____ Date: _____

Print name of guardian signatory: _____