

## Citi IMPACT Volunteer Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Group/Church Name (if individual or family state that)

Dates Coming \_\_\_\_\_ Team Leader \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Alt. Phone \_\_\_\_\_ Relation to You \_\_\_\_\_

Any allergies or physical limitations?

Immunizations current \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

List any specific skills or talents that could be utilized:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby release CitiIMPACT Ministries and its affiliates from any and all fault or negligence and all liability claims related to any injury, damage, or loss which may occur while volunteering. I understand I need to take necessary safety precautions and have my own health insurance.

I, \_\_\_\_\_, agree that while I am volunteering with CitiIMPACT Ministries, I will represent them in an acceptable manner. I agree to not drink alcohol, take illegal drugs, curse, or smoke (except for in designated areas which are NOT in buildings, at entrances, near youth or groups). I will also refrain from disruptive noises on the premises past 9pm.

I, \_\_\_\_\_, have not been convicted, nor am I currently in legal proceedings for any sexual offense, act of violence, or drug related charge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

*Please mail this form along with your contribution to:  
CitiIMPACT Ministries, 8714 Camberly Road, Huntersville, NC 28078.  
If you are coming with a team, please mail all forms together with one check.  
Once received the team leader will receive confirmation of your reservation by email. THANK YOU!*

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