

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 IMPACT 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 IMPACT 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:
IMPACT, 375 Robinson Rd, Mooresville NC 28117 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!*
