

CitiIMPACT Volunteer Application

Name _____ DOB _____ M/F ____
Address _____ City _____ State ____ Zip _____
Cell /Phone _____ Opt-in Text Updates: Yes/No _____
Email _____ Group/Church Name _____
Arrival Date _____ Departure Date _____ Leader _____
T-Shirt Size: _S _ M _L _XL _XXL

Emergency Contact _____ Phone _____
Relation to you _____

Allergies or physical limitations: _____

Specific skills:

I, _____, hereby release CitiIMPACT Ministries and it's affiliates, partners, and church hosts 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 may 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 refrain from disruptive noises on the premises past 9pm. I will abide by any and all specific site rules in regards to safety, lights out, curfew, etc. I will leave my space better than I found it.

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

By signing this form, I authorize CitiIMPACT to use my name, photo, and voice in any print, video, or social media format.

Signature _____ Date _____
Parent (If age 14-17) _____

Please mail all team forms together with contribution (single check) to:

CitiIMPACT Missions
PO BOX 605 Davidson, NC 28036