



Volunteer Information Form

Name: _____ Birth date: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Work Phone: (____) _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 E-Mail: _____
 How did you find out about Team Survivor Northwest? _____
 Emergency Contact: _____ Phone: (____) _____

Which volunteer opportunities are you interested in?

- | | |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Board committees | <input type="checkbox"/> Other |
| <input type="checkbox"/> Board of Directors | (Specify _____) |
| <input type="checkbox"/> Fitness Programs | <input type="checkbox"/> Outreach/ Special Events |
| (Specify _____) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Technology Management |
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Website |

List skills/ certifications? _____

When are you available? _____

Foreign languages spoken _____

Waiver of Liability: The undersigned agrees to abide by the requirements and rules of Team Survivor Northwest. In doing so, she/he agrees that all program, events and carpool participation with Team Survivor Northwest shall be undertaken at her/his sole risk, and that Team Survivor Northwest shall not be liable for any injuries or any damage to her/him, or her/his property or be subject to any claim, demand, injury or damages whatsoever. The undersigned, for herself/himself and on behalf of her/his executors , administrators and assigns, does hereby expressly forever release and discharge Team Survivor Northwest for all such claims, demands, injuries, damages, actions or causes of action.

(Signature of Participant) Date: _____

* Please Attach Resume*

200 NE Pacific St, #101 * Seattle, WA 98105 * (206) 732-8350 * Fax (206) 732-0263 * www.teamsurvivornw.org