



P.O. Box 3823  
Long Beach, CA 90803  
(562) 490-3802

**Long Beach, CA**

## **Volunteer Sign-up & Waiver**

YES! I would like to participate in Rebuilding Together Long Beach on \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ or until the work is done. I understand that you will provide me with my  
assignment(s) and further details prior to the project.

### **Please Print:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Volunteer Group: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Please contact me about further volunteer opportunities: \_\_\_\_\_ Yes (Check)

I can offer the following skills: \_\_\_\_\_

### **Waiver and Release of Liability**

In consideration of the opportunity afforded me/my child to assist on a voluntary basis in the Rebuilding Together Long Beach repair project, a project in which the homes/organizations of disadvantaged persons will be repaired by volunteers ("Project"), I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives will not make any claim against Rebuilding Together Long Beach, Christmas in April \* Long Beach, nor any of their affiliated organizations or their officers, directors, employees, or suppliers of any materials or equipment used in the Project, any of the Project volunteers or sponsors, any volunteer group, or any community center or homeowner participating in the Project, for injury, death or damage resulting from the acts or omissions of any person or entity, however caused, arising from my/my child's participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury, death to myself/my child or damage to my/my child's property sustained in connection with my/my child's activities in the Project, or my/my child's image or photo being used in connection with the Project. ***Volunteers must be at least 16 years old.***

\_\_\_\_\_  
Volunteer Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Signature here indicates that you have read and agree with the waiver and release.**