

SOUTH HILLS INTERFAITH MOVEMENT

5301 Park Ave., Bethel Park, PA 15102
ATTN: Debi Dempsey, Volunteer Manager * ddempsey@shimcares.org
412-854-9120 ext. 106 * FAX: 412-854-9123

Approved: _____9/05/2018_____

Staff Assigned: _____

GROUP - YOUTH VOLUNTEER RELEASE

Releases are good for one calendar year for the group name listed below. It is the individual's responsibility to update information accordingly.

(PLEASE PRINT CLEARLY)

Group Name: _____

Group Contact Name: _____

Date of Volunteer Activity: _____9/22/18_____

Youth Volunteer's Name: _____

THE ABOVE NAMED IS UNDER THE AGE OF 18 AND REQUIRES AUTHORIZATION FROM A PARENT/LEGAL GUARDIAN TO COMPLETE THE REMAINING PORTION OF THE FORM.

Printed Parent/Guardian Name: _____

Address: _____

Phone: _____

Email: _____

LIABILITY RELEASE

I understand that I or an adult supervisor will accompany my child on all volunteer opportunities. I also understand this opportunity has normal level of risk associated with such activity. I agree this form shall waive any rights, claims or responsibility or liability, or cause of action resulting from personal injury to my child while volunteering at SHIM. I also authorize SHIM to release information regarding my child, in the case of an emergency.

Signature _____ Date ____/____/____

MEDIA RELEASE

I authorize do not authorize SHIM to use photographs, video footage, or any other likeness of my child/family for promotional purposes only.

Signature _____ Date ____/____/____

EMAIL RELEASE

I authorize do not authorize SHIM to send me information via email regarding SHIM volunteer opportunities, events, and programs. SHIM does not share its email lists with other businesses or individuals.

Signature _____ Date ____/____/____

Note: This form must be received by SHIMs Volunteer Manager prior to volunteer opportunity.