

For Office Use Only

ZONE _____



Thrive in Southern New Mexico
VOLUNTEER FORM
September 20, 2024

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Personal email: _____

Please "x" all below that you can participate in and list what you can do:

JOB	"x"	I CAN DO
Lawn Care		
Wood Cutting		
Trash Removal		
Painting		
Miscellaneous/Outdoor		

➤ Volunteer T-Shirt Size: (circle one) S M L XL 2XL 3XL

Volunteers (including ALL Zone Leads) MUST sign this form prior to event date in order to participate





Day of Caring Volunteer Waiver

Name _____

Phone _____

Email _____

Emergency Contact _____

Day Phone _____

LIABILITY RELEASE: I hereby release, indemnify, and hold harmless Thrive in Southern New Mexico, the organizers, sponsors and supervisors of all its activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with the Day of Caring, Friday, September 20, 2024.

COMMUNICATIONS RELEASE: I hereby give to Thrive in Southern New Mexico, to its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken on this day, Friday, September 20, 2024 and to disseminate statements referring to me in conjunction therewith if Thrive in Southern New Mexico so desires and to authorize any newspaper, company, or other organization to use, publish, republish, or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of Thrive in Southern New Mexico and any of its fund campaigns or any of its activities.

Signature _____ **Date** _____



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