



Thrive in Southern New Mexico
DAY OF CARING VOLUNTEER FORM
September 25, 2020

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		
Cleaning		
Wood Cutting		
Tree Trimming		
Painting		
Miscellaneous		

➤ Volunteer T-Shirt Size: S M L XL 2XL 3XL



For Office Use Only

Work Zone # assigned: _____

Volunteer Contact Date: _____

Zone Leader Confirmed Volunteer’s Assignment: _____



Day of Caring Volunteer Waiver

Name _____ Phone _____

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 25, 2020.

Signature _____ Date _____

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 25, 2020 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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