



**Thrive in Southern New Mexico  
DAY OF CARING VOLUNTEER FORM  
October 12, 2018**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

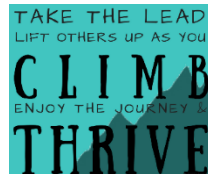
Personal email: \_\_\_\_\_

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		
Packing/Unpacking Boxes		
Tree Trimming		
Repair		
Painting		
Miscellaneous		

What Tools can/will you bring? \_\_\_\_\_

➤ Volunteer T-Shirt Size:      S      M      L      XL      XXL



**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, October 12, 2018.

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, October, 2018 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 \_\_\_\_\_