



Transitional Resources

hope. opportunity. recovery.

Transitional Resources Volunteer Form

Today's Date: _____

Name: _____

Phone Number: (____) - ____ - _____

Address: _____

Business Address: _____

Email: _____

In Case of Emergency, Call: (____) - ____ - _____

Volunteer or Applicable Work Experience:

Date	Agency	How Helped	Type of Clients

Why do you want to volunteer for TR? _____

For how long can you make a commitment? _____

Hours Available: _____

Volunteer Release Statement:

As a condition of my participation in the Transitional Resources' (TR) Volunteer Program, I hereby release TR and its agents, associates, and related parties from all responsibility for personal injuries to damages and to my property sustained in the performance of my volunteer activity.

Signature: _____

Date: _____

Media Release Statement:

I give permission to Transitional Resources the to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Signature: _____

Date: _____