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www.longbeachcf.org

## Volunteer Sign-up & Waiver

Yes! I would like to participate in the Long Beach Community Foundation National Philanthropy Day Project on 10/20/18 from 8:30am to 3:30pm or until the work is done at Mental Health America Los Angeles Wellness Center (MHA). The MHA Wellness Center is located at 830 Atlantic Ave, Long Beach, CA 90813.

I understand that you will provide me with my assignment(s) and further details prior to the start of work.

### Please print:

_____	_____(_____)_____
Name	Daytime <b>or</b> cell phone
_____	_____(_____)_____
Address (number and street)	Evening phone
_____	_____
Address (city, state, zip)	Email
_____	_____(_____)_____
Emergency contact (name)	Emergency contact (phone number)
_____	_____
Volunteer group (if any)	T-shirt size

### Waiver and Release of Liability

In consideration of the opportunity afforded me to assist on a voluntary basis in the Long Beach Community Foundation NPD project, a project in which an the exterior of the Mental Health America Los Angeles Wellness Center (located at 830 Atlantic Ave, Long Beach, CA 90813) will be upgraded (“Project”), I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives will not make any claim against Long Beach Community Foundation, Mental Health America Los Angeles, nor any of their affiliated organizations, of the officers, directors, employees, or volunteer group, or volunteer participating in the Project, for injury, death or damage resulting from the acts or omissions of any person or entity, however caused, arising from my/my child’s participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury, death to myself/my child, damage to my/my child’s property sustained in connection with my/my child’s activities in the Project, or my/my child’s image or photo being used in connection with the Project. I further consent to the unrestricted use by the Long Beach Community Foundation and/or any person authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Project. California State Law requires that no-one under 16 years of age can volunteer at a jobsite performing construction type work. **Volunteers must be at least 16 years old.**

_____	_____/_____/_____
Volunteer Signature	Date (MM / DD / YY)

**Your signature here indicates that you have read and agree with the waiver and release.**

*Your information will be included in our database and you will be mailed, called and/or emailed with upcoming volunteer opportunities, periodic newsletter and information.*

**please turn over ...**

**Do you have special skills?**

**If so, please check the box(es) for the skill(s) you can offer.  
Also, please check all applicable 'license or certificate' boxes.**

	<b>SKILL</b>	<b>LICENSE or CERTIFICATE</b>
CPR / First Aid		
Carpentry		
Concrete Work		
Drywall		
Electrical Work		
Fencing		
Floor / Carpet Laying		
Landscaping		
Painting		
Plumbing		
Roofing		
Stucco Work		
Tile Work		
Windows / Doors		

Other (please specify) \_\_\_\_\_