

Individual Volunteer Tracking Form

Company/Organization	Name:				
Volunteer Name:				Age:	
Street Address:					
City:				Zip:	
Cell Phone: () – –		E-mail:			
Emergency Contact:					
Emergency Contact Phor	ne:				
Reason for Volunteering	:				
Preferred Activities:					
VOLUNTEER TRACKING F					
Date Of Service	Date Of Service Hours Worked		Description of Task Performed		



LIABILITY AND MEDIA RELEASE

Company/Organization Name:		
Volunteer Name:		Age:
Street Address:		
City:	State:	Zip:
Cell Phone: ()	E-mail:	
LIABILITY STATEMENT (Initial) I have	ve read & accept the terms of the	Liability Statement.
and on behalf of our minor child/childrer all rights, demands, claims and causes of future that we, individually and out minor employees, and volunteers, and all other employees and agents of such parties for manner arising or resulting from particip of the risks involved in the Project, that we children, and that we will individually with expenses in the event of an accident, injugathorized such expenses. Further, we startlease, and sign this Release of our own	f suite or action, known or unknown control of child/children may have againg property owners and any other any and all injuries, including the pation in said Project. We attest we individually assume those rist thout limitations, assume and pury, illness or other incapacity, it attentions as we have carefully reach free will.	own, whether arising now or in the onst the City of Allen, its officers, agents, or participating sponsors, as the officers, death and property damage, in any and verify that we have full knowledge ks on behalf of ourselves and our minor any any medical and/or emergency regardless of whether we have this Release, know the contents of the
MEDIA RELEASE (Initial) I have read	d & accept the terms of the Media	Release Statement.
I hereby grant the City of Allen, Public and M and/or any agents participating in City of All photo for promotional purposes as related to materials where the city would release use of	len and Keep Allen Beautiful event o city produced publications and n	s and to use or authorize the use of the naterials and external publications and
I hereby acknowledge that no fee is payable resulting distribution, and that the provision		
Participant Name (Print):		Date:
Participant Signature:		Date
Parent/Guardian Signature (If Minor):		Date: