



EVENT VOLUNTEER APPLICATION FORM

Full Name: _____

I am a:

☐

Adult (18 and older)

☐

Youth (under 18 years)

Address: _____

Email: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

VOLUNTEER INTERESTS

Which of the following events would you be interested in volunteering for?

☐ 3on3 Hockey Tournament - **January**

☐ Family Day Winter Party - **February**

☐ Spring Spectacular - **March**

☐ Pickleball Tournament - **April**

☐ Spring Market - **May**

☐ Giant Garage Sale - **June**

☐ Stampede Breakfast - **July**

☐ Mid Summer Party - **August**

☐ Outdoor Movie Night - **September**

☐ Halloween Spooktacular - **October**

☐ Holiday Light Up - **November**

☐ Holiday Market - **December**

☐ Children's Holiday Hoopla - **December**

PHOTOGRAPHIC RELEASE

I hereby give my consent for Tuscany residents association to use my child's, photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

Name: _____

Signature

Date Signed

CONSENT AND RELEASE

In consideration of the Youth Volunteer being permitted to participate in the volunteer activity or program, the parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby:

- Understand that my child/ward is a volunteer and not an employee of Tuscany Residents Association. I acknowledge and agree that the nature of the volunteer services typically performed by Tuscany Residents Association volunteers, and which may be performed by my child/ward as a Tuscany Residents Association volunteer may involve potential risk of injury. I willingly and freely assume any and all risk in connection with my child/ward's efforts or participation, including without limitation, risk of any accident or injury to person or property which he/she may sustain in connection with his/her participation as a volunteer or in any related project or activity.
- Any information collected, used and stored will be strictly confidential and will only be used in the matters related to the volunteer duties
- As a volunteer to Tuscany Residents Association, you will receive a safety orientation and you agree to abide by the safety rules of Tuscany Residents Association

I have read, understand and agree to the above statements:

Parent / Guardian Signature

Date Signed

Youth Volunteer Signature

Date Signed