



**Emergency Contact Information:**

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

**Current Employer or School:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How did you learn about the RMHC Volunteer Program?** \_\_\_\_\_

\_\_\_\_\_

**Why do you want to be an RMHC volunteer?** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

I, \_\_\_\_\_, grant Ronald McDonald House Charities of Southern Colorado the right and permission to use photographs, recordings or video of myself for the legitimate purpose of Ronald McDonald House Charities.

I hereby release and discharge Ronald McDonald House Charities of Southern Colorado from any and all claims, actions and demands arising out of or in connection with the use of any of the above, including, without limitation, any and all claims for invasion of privacy and libel.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to Nicole Noll, Volunteer Coordinator**

**nicole@rmhcsoutherncolorado.org**

**FAX: (719) 471-7147**