



phil's friends

we bring hope

1350 Lake Street, Suite G-I
Roselle, IL 60172
(224) 653-8315
www.philsfriends.org

Volunteer Form

Date Attending: _____

Group Name (if applicable): _____

Contact Information

First Name (required)

Last Name (required)

Street Address

City

State

ZipCode

Phone Number (required)

Alt. Phone

Email Address

Release of Activity Liability and Confidentiality Statement

I, the undersigned, acknowledge that care will be taken to avoid problems or accidents, however I hereby release *Phil's Friends* from the responsibility of any liability involving injury or accident while participating at *Phil's Friends*. I also understand that there is a possibility of being photographed and give *Phil's Friends* rights to the photos. I hereby release *Phil's Friends* from the accident or injury causing circumstances and will accept full responsibility for my actions. I also acknowledge that while working with patient names, addresses, and other information, I will keep all information confidential.

Signature of Volunteer

Printed name of Volunteer

Date