



United Way
of Lamoille County

20 Morrisville Plaza, Suite B
Morrisville, VT 05661
802.888.3252

Volunteer Application

NAME _____

D.O.B. _____

ADDRESS _____

PHONE _____

CITY _____

STATE _____ ZIP CODE _____

E-MAIL _____

Are you volunteering with a group today? If yes, what group: _____

EMERGENCY INFORMATION

Emergency contact (please include name, relationship and phone #) _____

Do you have any physical limitations:

Yes

No

If yes, please explain: _____

Do you have any conditions for which you are being treated?

Yes

No

If yes, please explain: _____

Are you currently taking any medications we should be aware of?

Yes

No

I agree to hold harmless and waive any and all claims or causes of action against United Way of Lamoille County (UWLC).

I agree to use my personal insurance as the primary provider in the event of accident or injury related to my volunteer work with UWLC. I understand that UWLC carries volunteer insurance that may be used as a secondary insurance.

Printed Name

Signature

Date