

A Watered Garden Family Learning Center

Everson, WA

Volunteer Registration Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Volunteer Interests

English Tutor

Spanish Tutor

GED

Youth Mentor

Community Garden

Nutrition and Health Education

Computer Skills

Child Development

Continued Education in Spanish

Volunteer Availability

Tuesday 6-9 pm

Wednesday 6-9 pm

Thursday 6-9 pm

What are your strongest learning styles?:

What motivates you to volunteer?:

Volunteer Background Screening link through Verified Volunteers

<http://www.verifiedvolunteers.com>

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Volunteer Liability Waiver

I hereby consent to volunteer participation with the Volunteer Center of Whatcom County and A Watered Garden Family Learning Center, and I hereby, for myself, my heirs, executors and administrators do hereby expressly and forever waive and release any and all claims against and agree to hold harmless the Volunteer Center and of Whatcom County and A Watered Garden Family Learning Center, and all their respective officers, employees, agents, representatives, successors, or assigns of any kind from any and all claims which may be made for damages and/or injury to property or persons occasioned by any cause whatsoever, arising as a result of or in connection with my volunteer participation at the Volunteer Center of Whatcom County. By volunteering with the Volunteer Center of Whatcom County and A Watered Garden Family Learning Center, I understand the potential risk for injury.

I grant the right to use my image, videos, or other likeness of me. I authorize the use of my likeness to be published by the Volunteer Center of Whatcom County and A Watered Garden Family Learning Center, its assigns and transferees, in print and electronic format. I agree that my likeness can be used for such purposes as publicity, advocacy, advertising, funding, and policy formation/modification. I understand that my likeness may be published on the website, social media, promotional materials, newspapers, and other electronic or print sources. I further acknowledge that my likeness may be shared with partner organizations, potential funding sources, and policy-shaping bodies.

X _____ Date: _____

Volunteer Signature

X _____ Date: _____

Director Signature