

TOWN OF BUCODA
PO BOX 10 - 101A EAST 7TH ST, BUCODA, WA 98530
PHONE: 360-278-3525 FAX: 360-278-3526

Volunteer Application

Personal Data

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ School: _____ Grade: _____

Occupation: _____

Organization or Club Affiliation: _____

Email: _____

Areas of volunteer interest: _____

Emergency Contact: _____	home phone: _____
	work phone: _____
	cell phone: _____

I understand that the activities involved with volunteering may contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition. I agree to indemnify and hold Town of Bucoda and any cooperating agencies involved in the activities and any of their agents, officials or employees free and harmless from any liability, loss, cost or expense including attorney fees which may result from participation in the activities. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use any photographs, videotapes, recording or any other record of this program for publicity purposes. By signing below, I agree that I understand and consent.

Signature: _____	Date: _____
Signature of Parent (if under 18): _____	Date: _____

Thank you for volunteering!