



Welcome! We are excited for you to volunteer with us.

BASIC INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____ Driver's license # _____

Home congregation _____

EMERGENCY CONTACT

Person to contact in case of emergency _____

Relationship _____ Phone _____

PUBLICITY CONSENT

I give The Lutheran Home Association (TLHA) and its other programs, such as Jesus Cares Ministries (JCM) and facilities, permission to use my name, likeness, image, voice and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images and the like, taken or made on behalf of TLHA or JCM or our facility activities. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release the TLHA and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. Yes No

I hereby attest I have not been personally involved in any criminal activity, including incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in this or any other state in the past.

The information contained on this form is correct to the best of my knowledge. As a volunteer, I release any individual, congregation, school or other organization providing a Jesus Cares Ministries program or event, as well as Jesus Cares Ministries and The Lutheran Home Association, from any and all liability for damages of any kind or nature to me, my heirs or family. I have carefully read this release, and I sign it of my own free will.

(Signature)

(Date)

If the volunteer is a minor, I hereby give my consent to his/her participation in this JCM program, activity or event.

(Signature of volunteer's parent or legal guardian)

(Date)