

Kenote Ministries Volunteer Information

Personal Information:

Name _____

Address _____

City _____ Zip _____

Phone Number _____ Email Address _____

Age ____ Date of Birth _____ Female ____ Male ____ Classification _____

School Attending _____

Black ____ White ____ Hispanic ____ Asian ____ Other _____

Parental Information:

Parent(s)Name _____

Address _____

City _____ Zip _____

Phone Number _____ Work Number _____

Place of Employment _____ Phone Number _____

Medical Information:

Primary Care Physician _____ Phone Number _____

Insurance Carrier _____ Policy Number _____

Emergency Contact _____

Medication that Participant is Allergic to: _____

Kenote Ministries Paint Program

Volunteer Conditions

I, the volunteer understand that work that I am performing is strictly volunteering. I MAY OR MAY NOT be chosen to accomplish a particular activity. I further understand that I waive any right to bring any legal action against Kenote Ministries, its licensees, successors, legal representatives and assignees upon completion of directors, employees, and agents of Kenote Ministries, its Board of Directors and affiliates from any and all claims related to any injuries related to the work that I have or will perform.

By signing this document I hereby give Kenote Ministries, Inc., its licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the my volunteering with or without my voice, or in which during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I also waive any right and discharge and agrees to save harmless Kenote Ministries, its licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Volunteers Signature _____ Date _____

Daytime Phone _____ Evening Phone _____