



Welcomes New Volunteers!

Thank you for your contact information so we can:

- Keep your family together for future sign-ins
- More effectively communicate our events & projects with you
- Effectively plan upcoming events

Last Name	First Name	Adult	Child	*Relationship	Gender	Birthdate	Language(s)

*Relationships: spouse, child (son/daughter), relative, (sibling/nephew/aunt/uncle/ect.), non-relative, etc.

Primary Phone:

Primary Email:

Street:

City:

Zip:

How did you hear about Grace Bridge?

Areas of interest?

Monthly Distributions

Eye Care

Community Gardens

Resale

Disaster Relief

Available Weekdays

Other

PLEASE AUTHORIZE LIABILITY AND PHOTO RELEASES BY CHECKING THE BOXES & APPROVING YOUR SIGNATURE. THANK YOU!

By signing below, I acknowledge that I, on behalf of myself and my family, am volunteering at Grace Bridge on my/our own volition and accept all liability and risk associated with my/our volunteer activities. I/We hereby release from liability Grace Bridge, and the Master Cares Foundation, Inc., their agents and volunteers from any claims and damages arising from or during my/our volunteer activities.

I, on behalf of myself and my family, authorize Grace Bridge and its affiliated companies to photograph and/or film myself/my family, agree that all such materials become and remain the sole property of Grace Bridge, and release Grace Bridge from any liability arising from or in connection with the taking, use, publication or dissemination of such material.

Liability Release

Photo Release

Signature:

Date: