

VOLUNTEER INFORMATION

Please note that the information you provide is solely for the purposes of Thanks To Yanks and will not be shared with anyone outside of our organization, without your expressed permission.

Name: _					
Address	:				
	Street address				
_	City/town	State	Zip Code		
Phone:		Alternate Phone:			
Email: _					
Check o	ne: 🗆 Male 🕒 Female	Da	te of Birth:		
Please id	dentify any specific activity, pro	ogram you wou	ld like to participate i	n:	
Please id	dentify skills that you are willir	ng to share with	Thanks To Yanks eve	nts/activities:	
volunteer, harmless	and that I can accept or refuse to parti , I understand that I assume any risk on Thanks To Yanks, and its Board of Dire participation. I agree to comply with ticipants.	of injury associated ectors, from any cl	with the activities that I paims, damages or other lia	articipate in. I agree bilities which might r	to release and hold esult from my
Participa	nt signature or Parent/Guardian	for those under	the age of 18 years	Date	
website a	and that photographs or videos may b nd/or Thanks To Yanks Facebook page rided expressed written consent.				
Participa	nt signature or Parent/Guardian	for those under	he age of 18 years	Date	
_	allow Thanks To Yanks to include my bsite and/or Thanks To Yanks Faceboo		ohotograph for purposes o	f publications, press	releases, Thanks To
Participa	nt signature or Parent/Guardian	for those under	he age of 18 years	Date	