
NON-EVENT VOLUNTEER REGISTRATION

Thank you for your interest in volunteering with YWCA York! We appreciate your support.
Please legibly print ALL of the following requested information.

**Please mail or fax completed form to: YWCA York, Attn: Melissa Horn
320 E. Market Street, York, PA 17403
or fax to 717-843-7511.**

Name: _____

Phone Number: _____ Cell Number: _____

Email: _____

Home Address: _____

City, State, Zip: _____

Emergency Contact Person & Phone Number: _____

School affiliation, if any: _____

I am interested in volunteering for the following opportunities:

- Administrative Assistance Learning Centers School-Age Child Care
- Quantum Opportunities Program (mentoring)
- Other: _____

In consideration of the acceptance of this registration, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, administrators and personal representatives, hereby waive and release any and all rights and claims for damages, illness, injuries or losses which I have or which may accrue to me against all race officials and all organizations conducting or involved in this event, including, but not limited to, YWCA York, their respective officers, directors, employees, representatives, successors, assigns, and sponsors, that may result from my participation in this event. Further, I hereby grant full permission to the aforementioned persons and organizations to use my name and/or picture in any newspaper, photograph, video tape, motion picture, recording, or any other account of this event for any purpose whatsoever.

Signature: _____

***If volunteer is under 18 years of age, a parent/guardian signature is required below.**

Parent/Guardian Signature: _____