



PO Box 965, New Castle, PA 16103-0965 | 724.652.4321 | www.cityrescuemission.org

**GROUP MEMBER VOLUNTEER INFORMATION & RELEASE FORM
(FOR MINOR CHILDREN under the age of 18)**

Group/Church Name: _____ Date of Service: ____/____/____

Volunteer Name: _____ Birthdate: ____/____/____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Ministry of Service: Kitchen Men’s Ministry Women’s Ministry Family Care Ministry
(check one) Youth Ministry Grounds or Building Maintenance Holiday

I, the parent or guardian of, _____ (Volunteer), give my consent for my child to participate in volunteer activities at the City Rescue Mission and hereby release and forever discharge and hold harmless the City Rescue Mission, its officers, directors, employees, volunteers, successors, agents and assigns from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise from my child’s volunteer activities associated with the City Rescue Mission. I understand and acknowledge that the City Rescue Mission is released from any liability or claim that I may have with respect to, but not limited to, bodily injury, personal injury, illness, or property damage that may result from my child’s volunteer service provided to the City Rescue Mission or occurring while my child is providing volunteer services.

Parent/Guardian Signature

Printed Name

Date

I, the parent or guardian of, _____ (Volunteer) hereby grant the City Rescue Mission and its officers, directors, employees, successors, agents and volunteers the irrevocable and unrestricted right to use, reproduce and publish photographs(s) of me, including my image and likeness for publication in any and all of its publications and in any and all other media, whether now known or hereafter existing. I hereby release the City Rescue Mission of New Castle and its officers, directors, employees, volunteers, successors, agents and assigns from any and all claims, actions and liability relating to its use of said photographs(s).

Parent/Guardian Signature

Printed Name

Date