

Visiting Group Sign-in and Release Form



www.networkofhope.net | info@networkofhope.net

Disaster Name: _____ Date and Time of Project: _____

Name of Church Group: _____

Name of Church Supervisor: _____

Name of Each Volunteer (Please Print Clearly):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

List the name of any volunteer that has a physical limitation/allergies (bug bites, red ants, bees, etc.)

I understand that all the information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes only. I also agree to release and hold harmless the staff, volunteers, board of directors of Volunteer Services of Manatee County, Inc. and their agents who request volunteer assistance of any injury incurred while on a volunteer assignment. by signing this agreement I grant permission **TO ALL VOLUNTEERS LISTED** to participate in this event without requiring any additional permission forms.

Supervisor's Signature

Date