



## An Autastic Dream, Inc. Volunteer Contact Sheet

Volunteer Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Preferred Volunteer Role(s): \_\_\_\_\_

T-Shirt Size (for volunteer shirt): S M L XL XXL Other: \_\_\_\_\_

Do you have any physical restrictions or accommodations needed? Yes No

If yes, please specify: \_\_\_\_\_

Have you ever been convicted or plead guilty to a crime involving a minor, drugs, alcohol, or any type of abuse? Yes/No

If yes, please specify, include the date, charge, and the outcome of the court proceedings:

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### Indemnity Clause

By signing below, I agree to volunteer my services to An Autastic Dream, Inc. and acknowledge that my participation is purely voluntary. I understand that volunteering involves certain risks, including but not limited to accidents, injuries, or damage to personal property. I hereby release, waive, discharge, and covenant not to sue An Autastic Dream, Inc., its affiliates, the Town of Farmville, their officers, agents, volunteers, and employees (hereinafter referred to as "Releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, or while in, on or upon the premises where the event is being conducted.

I further agree that this indemnity clause is intended to be as broad and inclusive as is permitted by the laws of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*If under 18 a parent or guardian must sign\*\*\*