



I certify that I am offering my services to THINK Together's After School Program on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for workers' compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits in connection with my volunteer assignment.

- ☐ I authorize THINK Together to use photographic images taken during the event for promotional purposes without any further consent or approval.
- ☐ Understanding that THINK Together is an organization involved in assisting organizations involved with child care and related matters, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection therewith.
- ☐ Under supervision and direction of qualified staff, I promise to abide by all guidelines and restrictions set forth by THINK Together.
- ☐ I further represent and warrant that I will not drink alcohol or be under the influence of any non-prescription drug during the course of my volunteer work.

Volunteer Name (please print): _____

Volunteer Signature: _____ Date: _____ / _____ / _____
Month Day Year

Emergency Contact:

NAME: _____ RELATIONSHIP: _____ PH # _____

Optional Information:

If you would like to be added to our contact list, and receive periodic updates and news items about

THINK Together, please provide your email address: _____