

**ASC Cares Day  
Adams State college, Alamosa, CO**

**VOLUNTEER FORM**

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Business/Occupation/School

\_\_\_\_\_  
Name of Emergency contact

\_\_\_\_\_  
Relation to volunteer

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell or work Phone

**Waiver of Liability**

I understand that Adams State College, cosponsors of this event, and participating organizations cannot be held liable for any injury or illness that I or my dependents may suffer. I expressly waive any such claim for compensation or liability on the part of Adams State College, event cosponsors, and participating organizations beyond what may be freely offered by the representative of any of these in the event of such injury or medical expense. I also allow the use of my image in photos to help share the ASC Cares Day message of service.

\_\_\_\_\_  
Signature of volunteer or parent/guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of dependent