

WEST VALLEY THRIFT SHOP
10615 W Peoria Ave, Sun City, AZ 85351
VOLUNTEER INFORMATION/RELEASE

Name _____

Address _____

City _____ Zip _____

Email Address _____

Telephone: Home _____ Cell _____

Months Available (if winter resident) _____

Days Available (circle) **M T W Th F S** Shift(s) Available ___ 8 am – 12 noon ___ 12 noon – 4pm

Current or Previous Occupation _____

Special Interests or Skills _____

Name of Emergency Contact: _____ ph # _____

Local Church Affiliation (optional) _____

Additional comments (prefer to work on truck, cashier, etc.):

Important: Below must be completed and signed to become a WVLT Volunteer

I, (please print name) _____, the Volunteer, now and forever discharge and hold harmless the West Valley Lutheran Thrift Shop (WVLTS) and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise, or may hereafter arise, from the services I provide to WVLTS. I understand and acknowledge that this release discharges WVLTS from any liability or claim that I may have against WVLTS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to WVLTS or occurring while I am providing volunteer services. Further, I understand that WVLTS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of WVLTS beyond what may be offered freely by WVLTS in the event of injury or medical expenses incurred by me.

Signed _____ Date _____