

Assistance League[®] of Southeastern Michigan
COMMUNITY VOLUNTEER COMMITMENT/WAIVER FORM
(Information and Photo Release)

PHOTO RELEASE

I give Assistance League[®] of Southeastern Michigan and the National organization permission to publish in print, electronic or visual format my name and/or the likeness or image of myself. I waive any rights of compensation or copyright ownership thereto.

YES NO

I understand that **NO PHOTOGRAPHS or VIDEOS of CHILDREN** will be taken at Assistance League events (i.e. Operation School Bell distributions) using a personal camera or cell phone.

Date

Community Volunteer Name (please print)

Phone: Cell or Home Number

Address

Email Address

City, State, Zip Code

Volunteer's Company/Organization Name

Emergency Contact Name

Phone#

Would you like Membership information? YES NO

Age of Volunteer if under 18 years old: _____

I certify that I have read and agree to the contents of this document.

Community Volunteer Signature

Parent/Guardian Signature
(Needed if Volunteer under 18 years old)

Original copy of this commitment shall remain with the Vice President Membership,
Assistance League[®] of Southeastern Michigan

Committed to Service – Compelled to Action

www.semich.AssistanceLeague.org

P.O. BOX 80932, Rochester, MI 48308-0932

Nonprofit, 501(c)(3), all-volunteer organization