



Ray Graham
Association®

Empowering people with disabilities™

Date: _____

Creating Opportunities that Empower People with Disabilities to Reach, Grow, and Achieve

Group Volunteer Information and Agreement Form

Company or Volunteer Group Name: _____

Leader's Last Name: _____ First Name: _____

Mailing Address: _____ Telephone: _____

_____ Email: _____

Secondary

Contact: _____

(Name)

(Tele.No.: Indicate Home, Work or Cell)

(Relationship/Title)

Location Preference: _____ Desired Date: _____

How often is the group available to volunteer?

Daily

Monday

Morning

Weekly

Tuesday

Mid-day

Monthly

Wednesday

Afternoon

Summer

Thursday

Evening

Only

Friday

Saturday

Sunday

Types of volunteer work you think you'd be most are interested in:

I hereby Release and Waive liability against RGA, a non-profit organization, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my group may suffer in connection with any volunteer work for RGA. Further, I agree that RGA, is not liable for any damage to my property or my group's property resulting from volunteer work for RGA. I agree that this release is as broad and inclusive as permitted by the laws of the State of Illinois.

Volunteer Group Leader Signature: _____ **Date:** _____