

Volunteer Registration/Authorization Form

I would like to volunteer for the following Jean Augustine Centre for Young Women's Empowerment (JACYWE) event/program (please specify dates and times available):

I am a:

- High School Student Volunteer
- College/University Volunteer
- Other

I am under the age of 18:

- Yes
- No

Name: _____

Home Address: _____

Home Phone Number: _____

Cell Number: _____

Email Address: _____

School (If in High school, College or University): _____

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Photography Release

- I give permission for JACYWE and partners to record, film, photograph, audiotape or videotape me while volunteering for potential use in future JACYEW promotional materials including website, social media, television or radio.

I have read and agree to all the information presented. I agree to cooperate with all JACYWE procedures and regulations.

If under the age of 18 please have parent/guardian signature.

Signature: _____

Date: _____