VOLUNTEER WAIVER

Please note: **ALL** fields are required. We request only the information necessary to process a background check and meet volunteer safety requirements.

Event: Wearhouse Shift Date: Shift Time:

First Name: Middle Name: Last Name:

Ms. Mr. Mrs. Miss Dr. Date of Birth / /

Street Address: City: State: Zip:

Cell Phone: Home Number: Email:

Emergency Contact: Relationship: Phone:

BACKGROUND CHECK & DISCLOSURE

Have you been convicted of any criminal offenses? YES NO
If YES, please explain: Aliases: How many years have you lived in WA?
If less than 3 years, what state did you reside in prior?

By typing my name here I grant Treehouse permission to conduct a background check to authorize me as a one time volunteer through Washington State Patrol.

Signature: Date:

MEDIA RELEASE

By typing my name here I give Treehouse and/or its designated agents full permission to use the images that appear in videos and/or printed materials…and/or audio recordings…and/or quotes from my interviews / conversations with Treehouse staff members and volunteers…without compensation or further authorization. This may include, but is not limited to, print, broadcast, electronic or other appropriate media. I further agree that the images and/or voice recordings and/or printed communications shall be the property of Treehouse and give permission to Treehouse to condense, reproduce and/or publish these materials, in whole or in part, as it deems appropriate.

Signature: Date:

GUARDIAN/PARENTAL CONSENT

As the parent/guardian of I give my permission for him/her to volunteer for Treehouse by typing my name below. I understand that if he/she is under 14 years of age, an adult must accompany her/him at all times, should there be no Treehouse staff available for direct supervision. I also understand that Treehouse is not liable for any personal injury or loss of and/or damage to his/her personal property while volunteering for Treehouse.

Signature: Date:

FOR OFFICE USE ONLY	Cleared: Y N	Date:	Initials: