



Project Warm's 27th Annual Blitz 2017



Volunteer Registration Form

→ **Team Leaders Reminder:** you must register for and attend a Training and Orientation session to receive your team's assignments, updates, and a list of tools to bring. (See attached list of sessions.)

NAME	Age Category: <input type="checkbox"/> Adult (over 18 or 21 if supporting a youth team) <input type="checkbox"/> Youth/Young Adult under 18	
ADDRESS	TEAM AFFILIATION/TEAM LEADER:	
CITY	STATE	ZIPCODE
CELL PHONE	EMAIL	
EMERGENCY CONTACT NAME/PHONE		

PLEASE CHECK THE APPROPRIATE BOX:

- RETURNING TEAM LEADER NEW TEAM LEADER TEAM MEMBER BICYCLE TEAM

I am registered for Team Leader Orientation on (see list) Date: _____ Time: _____

I will volunteer on: Saturday, November 4 Saturday, November 11 Other _____

- I'm a team leader and my team can work on an extra home, if needed (may require longer day)
 I can help before or after the BLITZ!
 I have volunteered with Project Warm before. (Please list year.) _____
 I would like to be notified of upcoming events.
 I am an armed forces veteran.

Release Waiver

I, the undersigned, hereby agree that I will not hold such persons, Project Warm, or LG&E liable or responsible for any injury or harm to my person that may occur while active with the Project Warm BLITZ, by reason or exercise of the permission granted. I also give Project Warm, LG&E, its assigns, legal representatives, and heirs, the irrevocable right to use my name (or any fictional name), portrait or photograph in all forms and media (including composite or distorted representations) for advertising, mailings, trade or any other lawful use. I waive any right to inspect or approve the finished version(s).

Signature: _____ Date: _____

***If under 18, Parent or Guardian Signature is required.**

Parent or Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____



GROW YOUR CONTRIBUTION: Your Volunteer contribution will help a senior or disabled person stay warmer this winter. Your employer's match will help weatherize even more houses and change even more lives. Some employers provide matching funds to support employee volunteer hours. Find out if your employer matches contributions

My Employer (Name) _____ matches contributions. Contact: _____

Return this form at the Team Leader Orientation or by Oct.13, 2017 by mail, fax or email:
1252 S. Shelby Street, Louisville, KY 40203, FAX: 502-635-9259, EMAIL: volunteer@projectwarm.org