Plymouth Community United Way		
2024 Make A Difference Day Volunteer Application		
SATURDAY, NOVEMBER 9TH, 2024 8:30AM – 1:00 PM Plymouth First United Methodist Church / 45201 N. Territorial Rd. Plymouth, MI 48170		
Please fill out and return the volunteer application by Friday, October 12th, 2024. One form per team is sufficient. Anyone under 18 must be accompanied by an adult. PLEASE LIST AGES OF MINORS. <u>Fill Out and Return to PCUW:</u> By Email: Isabella.morrow@pcuw.org By Fax: 734-453-3510 Or drop off to: Plymouth Community United Way 960 W. Ann Arbor Trail, Suite #2 Plymouth, MI 48170		
VOLUNTEER INFORMATION		
Name:		
Organization:		
Address:		
Phone #: Cell Phone #:		
Email:		
ORGANIZATION/GROUP INFORMATION		
I am coming as part of a group/organization \Box Yes \Box No, please put me in a group		
Group / organization: Team Captain:		
Number of anticipated volunteers in your group/organization:		
It is okay to share my cell phone # with members of my group. □ Yes □ No		
JOBS & EQUIPMENT INFORMATION		
All volunteers are asked to bring a rake and work gloves. Lawn bags will be provided.		
RELEASE AND WAIVER AGREEMENT		
I hereby grant that Plymouth Community United Way and those acting on behalf of this organization may designate from time to time the absolute right and permission to use my name, likeness, photograph, and/or voice, (or that of my child under 18) in whole or in part, either alone or accompanied by other material for the purpose of advertising, publicity or any other lawful purpose in any media now known or ever developed.		
I hereby waive all my rights to inspect and approve the finished product, its use or such written or spoken copy as may be used in connection therewith. I recognize that audio, video and images are the property of Plymouth Community United Way.		
I waive and release any claims including distortion, illusion or faulty reproduction which may in advertently occur in the finished product which may be challenged as being a misrepresentation of me, as well as any claim that use of such media constitutes an invasion of privacy.		
I have read and understand this release. I am over 18 years of age or parent/guardian of a minor child and have the right to make this agreement.		
Date:		
Name of Participant:		
Organization (if applicable):		
Signature of Participant or Parent / Guardian:		
Plymouth Community United Way Representative Signature:		

ADD ADDITIONAL PARTICIPANTS ON BACK \rightarrow

Additional Names	/ Additional Signatures
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*** If more space is needed for additional names please add another page.