



WARRIOR GAMES WARRIOR SUMMIT
Transitional Resource Fair for Veterans & Families
Wednesday, July 5, 2017

VOLUNTEER EVENT REGISTRATION FORM

Last Name _____ First Name _____

Male _____ Female _____ Primary/Cell Phone # _____

E-mail Address _____

Emergency Contact: Name _____ Phone _____

Please circle the assignment area you are interested in working

Registration Concession Safety/guide Set-up/Tear down
Other: _____

Circle the shift you wish to volunteer:

Wednesday (7/5): 7am to 11am 11am to 3pm 3pm to 5pm

Other: _____

I certify that the information on this application form is accurate and true to the best of my knowledge. I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis." I understand this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services to which I may be entitled.

Volunteer Signature _____ **Date** _____

_____, minor child, has my approval and support to work as a volunteer at Warrior Games Warrior Summit.

Parent/guardian signature _____ **Date** _____

Please return application to: Warrior Summit Coalition, 567 W. Lake St STE. 200, Chicago, IL 60661
Or E-Mail to: info@warriorsummit.org

