



## MISSION STATEMENT

"Healing, appreciating, and showing our community members that they are valued through our sugar art."

## VOLUNTEER CONTACT INFORMATION

### Getting to Know You

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY, ST. \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 PREFERRED METHOD OF CONTACT (circle all that apply) email cell home text Facebook

### Emergency Contact

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_  
 PRIMARY PHYSICIAN (optional) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

D.O.B. (optional) \_\_\_\_\_

Are you a "Certified Baker"?  YES  NO

Are you interested in becoming a "Certified Baker"?  YES  NO

Why do you want to volunteer with Cakes for Causes? \_\_\_\_\_

How did you hear about Cakes for Causes? \_\_\_\_\_

Do you have any special skills or experience that you think would assist in the Cakes for Causes Mission? \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO If yes, please explain \_\_\_\_\_

## VOLUNTEER AVAILABILITY

I am interested in volunteering as a (please check all that apply):

Certified Baker  Event Staff  Birthday Cakes on Call  Fundraising  
 Other \_\_\_\_\_

**“CAKES FOR CAUSES VOLUNTEER RELEASE FORM”**

In consideration of being allowed to participate in any way with Cakes for Causes, its related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, or others, and assume FULL RESPONSIBILITY for my participation as a Cakes for Causes participant and/or volunteer.
2. I willingly agree to comply with terms and conditions set by Cakes for Causes founders and/or Board members for participation and/or volunteering with Cakes for Causes.
3. If I observe any unusual significant hazard during my presence or participation, I will remove myself and bring such to the attention of the nearest team leader immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Cakes for Causes, its founders, volunteers, agents and/or employees, other participants, sponsors, and advertisers from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If under 18 years of age, this release MUST be signed by a parent or guardian**

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT NUMBER(S) \_\_\_\_\_