

315 N Broadway, Ste 404 Tyler, TX 75702 903-595-1350 Office 903-593-9788 Fax

Volunteer Application

Personal Information – Please **PRINT LEGIBLY** and complete **ALL** information.

Name			Gender: ☐ Female ☐ Male		
Name:Last (current and maiden)	First	Middle	_ Gender. 🗆 Female	□ Male	
Address		City	State	Zip	
Phone:					
Home		Work	Cell/	Cell/Pager	
Email:					
Home		Work			
Birthday:		Occupation: _			
Emergency Notification: _					
Emergency rouncation.	Name	Relationship	Ph	one	
commercials, social media of use of my image, likeness, a connection with the program District. I hereby agree to release, de agents or employees, include part, whether on paper, via from or related to the use of reduction, or production of I am 18 years of age or olde contents, meaning, and impregarding this release by suit to do so will be interpreted. I have read and understand	and voice for all promoted appropriate and hold had ling any firm public electronic media, of the photographs/the finished product and have read the act of this release. bmitting those que as a free and know	rogram promotion, mate iate and necessary by the rmless the Northeast Textishing and/or distributing or on Web sites, from an wideo, that may occur or ct, its publication, or disting release before signing I understand that I am a stions in writing prior to dedgeable acceptance of	rials, and any other pute Northeast Texas public Health Distrigute the finished product by claim, damages, or libe produced in taking tribution. If below, fully understate to address any special signing, and I agree to the terms of this release.	rposes in lic Health rict and its in whole or in iability arising r, processing, anding the ecific questions that my failure ase.	
I have read and understand on this application. By sign me from NETPHD and that participants or the citizens s	ning this form, I and all services provide	n waiving any rights to r ded will be done at no co	recover costs for service	ces provided by	
Signature:		Date:	Initial	s:	