



SINGLE VOLUNTEERS OF THE  
WESTERN RESERVE  
MEMBERSHIP FORM

Please Print

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTH MONTH            \_\_\_ JAN \_\_\_ FEB \_\_\_ MAR \_\_\_ APR \_\_\_ MAY \_\_\_ JUN  
                                     \_\_\_ JUL \_\_\_ AUG \_\_\_ SEP \_\_\_ OCT \_\_\_ NOV \_\_\_ DEC  
BIRTH DECADE (Optional) \_\_\_ 1940 \_\_\_ 1950 \_\_\_ 1960 \_\_\_ 1970 \_\_\_ 1980 \_\_\_ 1990  
GENDER:                    \_\_\_ FEMALE                    \_\_\_ MALE

HOW DID YOU FIND OUT ABOUT US? \_\_\_\_\_  
\_\_\_\_\_

ARE YOU A CONTACT PERSON FOR A NON-PROFIT ORGANIZATION? \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE INDICATE THE NAME OF THE ORGANIZATION:  
\_\_\_\_\_

IN CASE OF EMERGENCY PHONE: \_\_\_\_\_

**SVWR VOLUNTEER AGREEMENT:**

I apply to participate in programs and activities sponsored by the Single Volunteers of the Western Reserve (hereinafter "SVWR"). I understand that SVWR is a non-profit organization that performs services for charities, community organizations and other non-profit groups.

I acknowledge that other members of SVWR may see my e-mail address and name in e-mails sent for the sole purpose of distributing information about SVWR and its events.

I hereby release Single Volunteers of the Western Reserve and its administrators, team leaders, organizers, clients, volunteers and any other person or persons acting on behalf of Single Volunteers of the Western Reserve from any claims arising from my volunteer work with SVWR.

BY COMPLETING AND SUBMITTING THE SVWR MEMBERSHIP FORM, I AFFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT IN ITS ENTIRETY.

SIGNATURE: \_\_\_\_\_

**Return completed form to Single Volunteers, P. O. Box 6144, Akron, OH 44312**