



Cinderellas for Life

Saturday, March 10, 2007

VOLUNTEER INFORMATION

First Name _____ Last Name: _____

Address: _____ City: _____ State ____ Zip _____

As a volunteer, you will have a unique opportunity to help hundreds of young women in economic need and foster care youth to prepare for their High School proms in first class fashion! The young women will attend workshops on etiquette, self-esteem, and life choices, before selecting their "Dream Dress" for the Prom.

Company/Organization: _____ E-Mail: _____

Home Ph: _____ Work Ph: _____

At this event, volunteers must be at least 14 years of age. Some volunteer assignments have age, experience, and gender requirements. Thank you for your understanding and support as we assign tasks as needed to make this day so special for our guests.

☐ Adult ☐ Minor DOB ____/____/____ Gender: ☐ Male ☐ Female

Have you worked a Working Wardrobes event before? ☐ No ☐ Yes - Assignment: _____

NEW this year will be our ONLINE Volunteer Orientation! Details will be sent with your event confirmation and job assignment. However, please be sure to arrive for the March 10th event on time (7:00 am) so we can answer any questions and you can tour the venue!

Please choose a volunteer time.

- ☐ Set up Day Team, Friday, March 9th 9am – 4 pm
☐ Event Saturday, March 10th 8:00 am – 4:00 pm
☐ Pack up and Tear Down Team from 1:00- 4:00 pm

♥♥All event volunteers are invited to volunteer a shift at our donation center, open Monday through Saturday from 10:00 am to 2:00 pm.

MEDICAL RELEASE: I hereby waive any and all rights we may have as a result of the activity in which the volunteer will be engaged and any injury which may occur to the volunteer in connection therewith, against Working Wardrobes for a New Start and any of their officers, agents, or employees. In the event of a serious emergency, illness, or injury requiring medical treatment, permission is hereby granted to Working Wardrobes for a New Start and its agents to obtain emergency medical care and related services for the volunteer, as it deems necessary. The choice of physician(s), ambulance(s), or hospital(s) shall be at their sole discretion.

PHOTO RELEASE: I hereby authorize and give full consent to Working Wardrobes to copyright or publish all photographs taken in which I appear for the purpose of promoting the organization. I further agree that they may use, or cause to be used, these photographs for exhibition or advertising purposes, without limitation or reservation or any compensation other than the receipt of which is hereby acknowledged.

Signed _____

Date _____

Parental Signature Required if Minor _____

Emergency phone: _____

You will receive a *Confirmation Letter*, *Job Description*, and a map to the Delhi Community Center.

Please return this form no later than Tuesday, March 1, 2007

Fax to: (714) 434-2870 or Mail to: 11614 Martens River Circle - Fountain Valley, CA 92708

Phone: (714) 210-2460 Website: www.workingwardrobes.org

For Office Use Only

Event task 1 _____

Event task 2 _____

Event task 3 _____