



325 S. University Rd Suite 203 Spokane Valley, WA 99206 Phone: 509-385-2116

### EVENT ONLY VOLUNTEER FORM

#### **Home Information PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Add to Elevations E-Mailing List** (information is never sold) Yes \_\_\_\_\_ No \_\_\_\_\_

**Add to Elevations Postal Mailing List** (information is never sold) Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: ( ) \_\_\_\_\_ Evening phone: ( ) \_\_\_\_\_

#### **Event**

Name of Event: Stache Dash

Date of Event: June 4, 2022

Total Hours \_\_\_\_\_ (Please track volunteer hours and report to event chair)

As an Elevations volunteer, I agree to respect the rights, privacy, and perspectives of everyone I meet in my capacity as a volunteer and understand that I am representing Elevations. I agree to conduct myself with integrity and to not discuss specific identifying families' private issues, diagnosis or treatment with anyone other than volunteers and staff and only as necessary to fulfill my duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date