



HAWAII JAYCEES 9TH ANNUAL

VOLUNTEER PARTICIPATION FORM

Please fill out all the fields and mail this form to:

Adopt-A-School-Day, c/o Hawaii Jaycees

P.O. Box 61790, Honolulu, HI 96839

GROUP INFORMATION

Name of Organization: _____

Website Address: _____

Brief Description of Organization: _____

PRIMARY CONTACT

Name: _____

Phone: _____

Email: _____

SECONDARY CONTACT

Name: _____

Phone: _____

Email: _____

SCHOOL INFORMATION

Name of School: _____

Primary Contact Person: _____

Phone: _____

Email: _____



PROJECT DESCRIPTION FORM

Please fill out all the fields and mail this form to:

Adopt-A-School-Day, c/o Hawaii Jaycees
P.O. Box 61790, Honolulu, HI 96839

PROJECT DESCRIPTION (Please check all that apply)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Fundraising / Donation | <input type="checkbox"/> Education |
| <input type="checkbox"/> Beautification | <input type="checkbox"/> Other |

BRIEF DESCRIPTION OF PROJECT

Estimated Value of Project: _____

Referred By (Person/Organization: _____

Project Coordinator agrees to waive any and all claims against the Hawaii State Jaycees' Adopt-A-School Committee, and/or any other persons/entities that are in any manner connected with the Hawaii Jaycees' Adopt-A-School Day project, from any and all damages or loss of personal property, or injuries (including death) that may occur before, during, or after the Hawaii Jaycees' Adopt-A-School Day events. Participants assume all risks associated with the project.

Project Coordinator Signature: _____ Date: _____