



MEMBER APPLICATION

Chain Reaction
840 West Moreno Street
Pensacola, Florida 32501

Phone: (850) 202-0691 • Fax: (850) 202-0695 • Email: cr1@mychainreaction.org
Website: www.mychainreaction.org

The Particulars:

Name: _____

First

Middle Initial

Last

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Parent(s) Name(s): _____

Parent(s) email address: _____

(This will be used to keep you updated on Chain Reaction with a monthly list of opportunities and CR's e-newsletter, "Unleash Your Power.")

Other Info:

School: _____ Grade 2009-2010: _____ Graduation Year: _____

Birth date ____/____/____ Male ____ Female ____ Ethnicity _____
Month Day Year

Shirt Size (circle one): Small Medium Large XL XXL Other _____

The Fine Print:

I understand that all information on this form is voluntarily supplied and may be used and disclosed for volunteer purposes only. I also agree to release and hold harmless the staff and volunteers of Pensacola's Promise from any and all liability for disclosing this information to agencies and their agents who request volunteer assistance or for any injury incurred while on volunteer assignment and the undersigned hereby waive, release and hold harmless Pensacola Promise from any claim of negligence that may be brought by the Chain Reaction Member or the Parent or Guardian of the Chain Reaction Member. I hereby volunteer my services and understand that I am not a paid employee of any agency or group to which I may accept assignment, nor am I an employee of Pensacola's Promise.

By becoming a member of the Chain Reaction, I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I (parent/guardian, if member is under 18) grant permission for participation in events without requiring additional permission forms. I further grant Pensacola's Promise permission to use photographs taken of member at volunteer activities for publication to promote volunteerism. THIS APPLICATION MAY BE REVIEWED BY REPRESENTATIVES OF FUNDING SOURCES FOR THE PURPOSES OF MONITORING AND EVALUATION.

I have read and agreed to the safety rules in the Chain Reaction Safety Guide.

Chain Reaction Member Signature

Parent/Guardian's Signature

Date

**There is a \$15 annual fee to belong to Chain Reaction to cover mailings and materials.
Please make checks payable to Chain Reaction. All donations are tax deductible.**

For Office Use Only:

Date Application Received: _____ Date Paid: _____