

Person to Notify in Case of Emergency:

Name _____
Street Address _____
City, State ZIP Code _____
Home Phone _____
Cell Phone _____
E-Mail Address _____

We would love to know how you heard about MJSUNIFC and what made you interested in volunteering with us? _____

Agreement and Signature _____

By submitting this application, I affirm that all facts previously stated are truthful and complete. I understand that if I am accepted as a Volunteer, any false statements, omissions, or other misrepresentations made by me on this application will result in my immediate dismissal.

Individuals who volunteer with Michael Jackson's United Nations International Fan Club do so of their own free will and at their own risk. Volunteers acknowledge that they are assuming all risks associated with volunteer service, including risk of injury. In the event of a personal injury, volunteers would be responsible for the full expense of any medical care or attention, as well as other harm or expenses arising out of such injury.

Any volunteer under 16 years of age must have permission of and must be accompanied by a parent or legal guardian.

Name (printed) _____

Signature _____

Date _____

Guardian (if under 16 years) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please scan and email both pages to: **event@mjsunifc.com**

Thank you for completing this application form and for your interest in volunteering with us.