



SOUTH FOOTBALL BOOSTER FOUNDATION



Non-Profit Corporation Tax I.D. #16-1725313
www.sawolverines.com

PLAYER VOLUNTEER WORK FOR DONATIONS PROGRAM REQUEST FOR SERVICES FORM

Requesting Business or Individual:

Services Desired: _____

Name: _____

Mailing Address: _____

Location: _____

Equipment: _____

Telephone: _____

#Volunteers Needed: _____

Contact Person: _____

#Anticipated Man Hours: _____

One Time _____ **Weekly** _____ **Monthly** _____ **Begin Date:** _____ **End Date:** _____

Requestor Will Supervise Volunteer(s) _____ **South Football to Supervise Volunteer(s)** _____

Please Choose One: Flat Donation of \$ _____ **OR** Per Man Hour Rate \$ _____

Players on this Job: _____

PLEASE MAKE CHECKS PAYABLE TO: SOUTH FOOTBALL

(Non-Profit Tax I.D. #16-1725313)

Mail or Deliver To: Rhonda Gerharz, Treasurer

South Football Booster Foundation, 14335 Teton Place, Anchorage, AK 99516

345-4377; ojtgerharz@gci.net

INFORMED CONSENT WAIVER OF LIABILITY

We the undersigned agree the South Football players listed above are authorized to perform the work listed above at the location(s), date(s) and time(s) listed above. We understand all participants of the Work for Donations Program, players as well as individuals/businesses desiring services, do so voluntarily and at their own risk. We understand the parents/legal guardians of minor children players are required to maintain accident medical insurance for South Football sponsored events. We agree South Football Booster Foundation will not be held liable for any injury or damage that may occur as a result of participation in the Work for Donations Program.

Signature of Parent/Legal Guardian/Date

Signature of Parent/Legal Guardian/Date

Signature of Parent/Legal Guardian/Date

Signature of Parent/Legal Guardian/Date

Signature of Business/Individual Requesting Services/Date