Circle of Friends in Love / www.cof4u.org / 20942 E. Canyon Ridge Road, Walnut, CA 91789 / (909) 720-3663

New Volunteer Application (2026/27)

Last Name		First Name	Official: AKA:	Date of Birth	
School & Grade In 09/2026				COF T-Shirt Size	Adult: S M L XL XXL
Home Address				Contact Number	Cell : (_____) Home (if different): (_____)
Volunteer E-mail:				Preferred Volunteering Date	( ) Monday ( ) Wednesday
From whom and/or how did you hear about COF?				If your preferred volunteering day (Mon/Wed) has no availability, are you able to volunteer on the other day?	YES / NO

Parent/Guardian E-mail:

Mother/Guardian's Name: _____ Cell :(_____)

Father/Guardian's Name: _____ Cell :(_____)

Emergency Contact Information: (person who does not live with you)

Name: _____ Relation to student: _____

Phone #: (_____) Cell #: (_____)

Address: _____

Circle of Friends in Love / www.cof4u.org / 20942 E. Canyon Ridge Road, Walnut, CA 91789 / (909) 720-3663

New Volunteer Application (2026/27)

Liability Waiver: I (Parent/Guardian in the case of a dependent) acknowledge that Circle of Friends in Love (herein after referred to as COF) will use and display photographs and videos of the above named person at COF related events in publications, multimedia productions, displays, advertisements and Internet Publications. The undersigned assumes all risks and hazards incidental to the participation in this sports program, including transportation to and from such activities, and does hereby release and waive any and all claims or actions for damage or injury of whatever kind against COF, its volunteers and/or participants, or Good Stewards Church, arising from any activities or actions of this program. I further grant permission for emergency first aid to be given to me (or this minor/adult) and to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that the physician deems necessary for my well being (or that of this minor/adult).

NOTE: COF members must be picked up at the end of any COF sponsored event. Local law enforcement will be contacted to assist with any member remaining 15 minutes beyond the end of the COF event.

Parent/Guardian

Must be signed and kept on COF file. I have read and agree with the above statements.

Parent/Guardian Signature: _____ **Date:** _____

Volunteer Registration Fee: $150

Make check payable to: "***Circle of Friends" or pay by Venmo(QR code below)***

Due Date: This Form and Fee are be due by 09/16/26

venmo

If you have any questions, contact Ross Gable at rtgable@gmail.com