



172 South Clement St. – Suite 2
Mocksville, NC 27028
Tel: (336)-751-3450
Fax: (336) 751-3451
www.daviecountync.gov

I, _____, understand that my participation volunteering for Davie Domestic Violence Services & Rape Crisis Center is voluntary and at my own risk. Under no circumstances will Davie Domestic Violence Services & Rape Crisis Center, the County of Davie, their staff, Board of Directors or other volunteers be responsible for any injury or damages incurred to me or my property. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of the agency for any legitimate purpose. I have been given the volunteer description, reviewed it, and have had an opportunity to discuss the duties, responsibilities and risks with the staff.

By signing, I accept the waiver above.

Date

Parent/Legal Guardian
(If under the age of 18)

Date

DDVS & RCC Staff Member Signature

Date

