



Christmas in April®

Cecil
County

P.O. Box 2303 • Elkton, Maryland 21922

443-907-5289

www.christmasinaprilcecilcounty.org

VOLUNTEER SIGN-UP AND WAIVER RELEASE FORM For Workday 2024 (Under 18)

House Captain: _____ Group: _____

The Waiver Release **MUST BE SIGNED BEFORE** a volunteer may work.

ANYONE under the age of 18 **MUST HAVE A PARENTAL SIGNATURE.**

PLEASE PRINT CLEARLY

I certify that I am under the age of 18. My parent or legal guardian has signed this waiver in addition to my signature and I have filled out the medical insurance information below.

If I am **UNDER 14**, I may work with **CHRISTMAS IN APRIL*CECIL COUNTY** but **NOT** at a worksite.

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Plan: _____

Group Number: _____ Membership Number: _____

Name of Cardholder: _____



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