



Established 1967
A Civic Organization
Devoted to the Enhancement of Community Pride

ADULT MEMBERSHIP (OVER 18)

Full Legal Name: _____ **Birth Month/Day:** _____

E-mail: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Jacket Size (circle):** S M L XL

Additional Family Members Interested:

How did you hear about us? _____

Waiver and Release

I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries or death arising out of my participation as a volunteer. I am aware that this is a volunteer assignment which may present risk of injury, death, communicable diseases, illnesses, viruses, or property damage. I agree that the Mission Viejo Activities Committee and all employees, officials, agents, representatives and sureties of the Committee and the City shall NOT be responsible or liable for any injury, damage, loss or expense, and/or property incurred while participating as a volunteer.

Volunteer Signature: _____ Date: _____

Return or email to: MVAC@cityofmissionviejo.org
Mission Viejo Activities Committee, 24932 Veterans Way, Mission Viejo, CA 92692
For more information, call the Mission Viejo Activities Committee at (949) 830-7066.