SACS PROJECT REPORT

Please return report at the next SACS meeting to any board member
or scan and e-mail to SACSMemberRecords@gmail.com

Project: _____ Date: _____

Organization Contact: _____ Phone # _____

Project Chair: _____

Volunteer Hours: Begin: _____ End: _____ Total Volunteer Hours _____

WAIVER RELEASE

I recognize activities in which I may participate as a volunteer Singles Available for Community Service, Inc. member could potentially have a risk for injury. I will not volunteer to participate in an acitvity unless I am physically able and have no medical problems that may cause me to be at risk. I will assume all risk associated with participating in a volunteer activity. As a member of Singles Available for Community Service, Inc., I, and anyone authorized to act on my behalf, waive and release Singles Available for Community Service, Inc., its Board members, the activity sponsor, the sponsor's representatives from all claims or liabilities of any kind arising out of my participation in a volunteer activity even though that liability may arise out of negligence or carelessness on the part of those listed in this waiver.

VOLUNTEER LIST

PLEASE PRINT NAME AND SIGN	PLEASE PRINT NAME AND SIGN