



HOPE for THIS Step
Stepping together through Suicide & Overdose
Awareness, Prevention and Postvention

Presents our Annual

Day of Hope Walk 2017

July 15th, 9 am – 1 pm (noon)

Oak Hill Park Pavilion and Park

3000 Oak Hill Rd

Wooster, OH 4469

Volunteer & Community Club/Group Registration

Community Groups (Scouts, School or Church Groups/Clubs, etc.) Work at our event for Service Hours
(No Fee, No free T-shirt)

Everyone volunteering at the Day of Hope Walk will need to have Online Registration or THIS Registration Form completed and signed by his or her parent or guardian, if appropriate.

NO PETS allowed, except registered assistance dog.

Name of Group _____
Group Leader Name and Cell # _____

Complete the following Registration Information for EACH Volunteer

*Required Information, Please Print

*Volunteer Name _____

*Street Address _____

*City _____ *State _____ *Zip _____

*Phone number _____ Email _____

*EMERGENCY CONTACT NAME _____

*PHONE NUMBER _____

***Waiver of Liability** (Waiver needs checked and signed to participate. (By parent or guardian, if minor):

I Understand and Agree to the Terms and Conditions in the Waiver stated below.

- I understand I may encounter Confidential Information and will honor the confidentiality by not sharing the information, unless necessary for health or safety concerns.
- I understand participating in this Day of Hope Walk is voluntary and at my/my child's own risk. I accept all responsibility. I hereby waive all claims against everyone involved with the Day of Hope Walk 2017.
- I grant full permission for the use of my/my child's picture and voice in social media or any medium used in connection with this event or future events of the Hope for This Step or Day of Hope Walk.

*Signature of Volunteer _____ Requested Area to Work _____

*Signature of Parent/Guardian _____

T-SHIRTS: ONE ADULT VOLUNTEER SHIRT IS FREE. EXTRA T-SHIRTS: 2017 Day of Hope Walk T-Shirts will be available for \$12 each. Total # _____ ordered. Please mark total # for each size needed.

Adult: _____ Small	_____ XL	_____ 4XL	Youth: _____ Small
_____ Med	_____ 2XL	_____ 5XL	_____ Med
_____ Large	_____ 3XL		_____ Large

OFFICE USE ONLY:

DATE FORM RECEIVED: _____ EXTRA T-SHIRT(S) ORDERED? YES NO

TOTAL AMT RCVD _____ CASH RCVD \$ _____ CHECK # _____ CHECK AMT _____

COMMENTS: _____