

Date: _____

SHOE FRENZY VOLUNTEER SIGN-UP

Name: _____

Address: _____

City, State, Zip Code: _____

Home Number: _____ Work Number: _____

Cellular: _____ Fax: _____

Email: _____

How did you hear about Women's Clinic: _____

Special skills: _____

Please check what areas of Shoe Frenzy you would be interested in volunteering in:

- For New Volunteers Only:** Yes I can attend a new volunteer orientation (date and time TBD) at Women's Clinic. Please send me more information about the orientation when it is available.
- Friday prior to event,** moving shoes to location. Requirements: must be able to lift heavy boxes and must be available during the day (11am - 4pm).
- Saturday, event day volunteer,** activities will mainly include sorting shoes throughout event and cleaning up (hours are 7:00 am- 3:00 pm). **Requirements:** must be able stand for long periods of time, withstand constant lifting and bending, and be capable of remaining calm and polite during a "shoe stampede".
- Other:** (If you have a special skill and a plan how you could benefit the event, let us know.)

Help us to get to know you better! Why do you want to volunteer for Shoe Frenzy and what would you most like to get out of volunteering? _____

Shoe Frenzy is dedicated to making sure our shoppers have the fairest chance we can provide to the selection of shoes/handbags available. In order to do that we have to limit volunteers to buying only one pair of shoes before the event, this pair will be put aside and you will be able to get it after the event. Also please note that the most "coveted" shoes (i.e. high-end designer shoes or items donated in limited quantities) will be excluded from the volunteer one pair pre-sale. In our appreciation of your hard work and dedication to help us raise money to provide valuable medical and mental health care services to the uninsured and working poor we do provide volunteers with meals throughout the event. Thank you for your support!

Volunteer packets with event details will be sent out in Mid-April.

I acknowledge that even light volunteer work can be a strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to volunteer for this event and am following my physician's advice. I hereby waive all claims against Shoe Frenzy, Women's Clinic & Family Counseling Center, all event sponsors, other volunteers, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of the activities of Women's Clinic & Family Counseling Center. This permission is perpetual. If the above volunteer is under 18 years of age, I am the parent or legal guardian of the above volunteer and I agree to all the terms of this waiver as stated above.

Signature _____

Printed Name _____

Date _____

Thank you for your interest in Women 's Clinic we will contact you when we have a volunteer assignment that fits your needs. Please fax this form to: 310-203-8555, or mail it to: Women's Clinic, 9911 W. Pico Blvd., #500, Los Angeles, CA 90035.