Waypoint Wonderland Adopt-a-Family



Thank you for your interest in supporting Waypoint Wonderland! Your participation will ensure that the holidays are extra bright for families in need this year. Please read the information below and email your completed form to Brittany Appleton, Event & Volunteer Manager, at bappleton@waypointservices.org by Friday, December 11.

Birthdate:

Name: _____

Addres	s:	City, State Zip:
Email:		Phone:
How m	any families are you interested in adopting? _	Total number of children?
By part • • • • •	Purchase 3 gifts (2 under \$15 and 1 under \$50) for Purchase winter hats and gloves for each child (if a Purchase stocking stuffers (if requested) Gift wrap each item and label with the child's initial Deliver items to the family no later than December family's wishes If given permission, only communicate with the family in the family	r each child in the family I am assigned requested) als r 20 or to Waypoint on December 17 or 18, depending on the
Deliver		hare my number so they can connect for a delivery date/time d prefer Waypoint to organize the delivery date/time e gifts to the family

Confidentiality Agreement

It is the policy of Waypoint to hold confidential all observations and information made by and between or about Waypoint clients and program participants. Also confidential are all conversations between employees and volunteers. All Waypoint staff, volunteers, and interns are subject to this policy. Furthermore, the employment, residence, phone number, and family addresses of clients, staff, and volunteers are not to be disclosed except with the explicit written permission of the individual involved. I agree to follow the Waypoint policy of confidentiality.

Consent/Release

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that Waypoint is not obligated to accept me as a volunteer and can terminate this relationship at any time. With my verbal consent, Waypoint can also use my photo for marketing/advertising purposes. I hereby do waive, release, and forever discharge Waypoint, its employees, agents, officers, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my role as a volunteer.

Signature:	Date:	