



**VOLUNTEER CONTACT FORM**  
**FIRST UNIVERSALIST UNITARIAN CHURCH OF WAUSAU (FIRST UU)**

This information is used only in the case of an emergency.

**Volunteer Contact Information:**

Volunteer Name \_\_\_\_\_

Volunteer Appointment (*ex: Blood Drive*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

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This agreement for volunteer services is entered into by and between the volunteer and The First UU.

The volunteer and The First UU mutually agree to the following responsibilities:

**Volunteer**

1. Will be under the supervision, direction and control of The First UU.
2. Understands that s/he is a volunteer and NOT an employee of The First UU and is not eligible for any benefits, including Worker's Compensation.
3. Understands that The First UU will provide no compensation.

**Either the volunteer or The First UU may cancel this agreement at any time.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)