



# Christmas in April®

Cecil  
County

P.O. Box 2303 • Elkton, Maryland 21922

443-907-5289

[www.christmasinaprilcecilcounty.org](http://www.christmasinaprilcecilcounty.org)

## VOLUNTEER SIGN-UP AND WAIVER RELEASE FORM For Workday 2025 (Under 18)

House Captain: \_\_\_\_\_ Group: \_\_\_\_\_

The Waiver Release **MUST BE SIGNED BEFORE** a volunteer may work.

**ANYONE** under the age of 18 **MUST HAVE A PARENTAL SIGNATURE.**

### PLEASE PRINT CLEARLY

I certify that I am under the age of 18. My parent or legal guardian has signed this waiver in addition to my signature and I have filled out the medical insurance information below.

If I am **UNDER 14**, I may work with **CHRISTMAS IN APRIL\*CECIL COUNTY** but **NOT** at a worksite.

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Group Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_



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