



THE DIGITAL BUS: TEACHER/VOLUNTEER INFORMATION



Dear Teacher/Volunteer,
 Thank you for supporting the Digital Bus Program, as operated by the Alaka`ina Foundation. In order to properly account for all of our wonderful teachers and volunteers, please fill out the following information. This information will not be used to contact or solicit you for any reason, and will not be shared with any other organizations, except for purposes of accounting for aggregate amounts of time volunteered in support of our Digital Bus Programs.

PERMISSION FOR PUBLICATION

I understand and agree that my picture, taken while participating in a Digital Bus project could be published on the Internet at the sole discretion of Alaka`ina Foundation. No home address, telephone number, or last names will appear with any photographs.

WAIVER AND RELEASE

On my behalf I agree to waive and release Alaka`ina Foundation, its officers, directors, employees, and agents and agree not to sue any such person for any claims arising from any incident related to a Digital Bus project.

I/we have read and fully understand this Volunteer Information Form and agree to be bound hereby, and to comply therewith.

 NAME

 MAILING ADDRESS (OPTIONAL)

 EMAIL ADDRESS (OPTIONAL)

_____ DATE(S) AND TIME(S) VOLUNTEERED (I.E. 8AM - 2PM)	_____ TOTAL HOURS
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 NAME OF PROJECT (IF KNOWN)

_____ SIGNATURE	_____ DATE
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