



Volunteer Form

First and Last Name:	
School/College/University:	Expected Graduation Date:
Mailing Address:	
Primary Phone:	
E-mail Address (Required):	
Volunteer Signature:	Date:

As a Sundar Institute, Inc. Volunteer, I will be representing Dr. Sundar Math Center Inc. (DSMC) and agree to:

1. Perform assigned duties during the event.
2. Represent DSMC in a positive, safe, and professional manner with utmost care and responsibility.
3. Review and follow the event's guidelines given by DSMC.
4. Follow rules and regulations during the program.

By signing this agreement, I agree that I am physically and mentally able and accept the above stated guidelines and responsibilities.

___ I have signed the waiver form and returned to DSMC.

___ I will be asked to help in variety of ways to ensure success of the program.

Once you have completed the forms, please e-mail them to jonathan@sundarsteamacademy.com
If you have any questions, please contact us.



**Dr. Sundar Math Center, Inc.
Sundar Institute, Inc.**

Volunteer Release of Photo/Media and Liability Waiver Form

I request to be allowed to Volunteer for Dr. Sundar Math Center, Inc. and agree to the following:

I hereby authorize and give my full consent to Dr. Sundar Math Center, Inc. to copyright and/or publish any and all photographs and video/film in which I appear while attending any program or event.

I agree my name and comments may be published in or used to promote the program or event, without any liability on the part of Dr. Sundar Math Center, Inc.

First and Last Name:	
Mailing Address:	
Primary Phone:	
E-mail Address (Required):	
Volunteer Signature:	Date:

Thank you for your kindness and support!

Viji K. Sundar, Ph.D.
CEO & Executive Director
Dr. Sundar Math Center, Inc.
DBA Sundar Institute, Inc.

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If you have any questions, please contact us.