



Suffolk-Nansemond Chapter
Izaak Walton League of America

MEMBERSHIP PARTICIPATION WAIVER

NAME: _____

This form is used to document Suffolk-Nansemond Chapter of the Izaak Walton League of America waiver for work/service hours. Waivers may be temporary or permanent. Individuals who travel for work, who are deployed or have any other temporary restriction should include the expected date for full participation.

A waiver form for temporary conditions should be submitted upon discovery of the condition/issue that restricts participation.

A single waiver form is required for permanent waivers.

The member will be provided a signed copy of the approved waiver form.

TYPE OF WAIVER REQUESTED

_____ Permanent

_____ Temporary If temporary expected date to return to full participation _____

Basis of waiver request (if medical in nature, it is not necessary to include significant detail but sufficient description to understand limitations is needed). Include any comments/other info as needed to support the evaluation. If additional space is needed, use the back of the form.

SIGNATURE and DATE _____

RECEIVED BY and DATE _____

APPROVED BY and DATE _____

DISAPPROVED BY/REASON and DATE _____

(Use back of form if additional space is needed)