

# Volunteer Information Sheet (ages 13 -17)

\*\*\*Please Write Legibly and answer all questions\*\*\*

\*\*\*All Volunteers Subject to Name search on State Offender Registry\*\*\*

## Participant Information:

Name: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we send you texts : Yes No

Email: \_\_\_\_\_

May we send you emails: Yes No

Date of Birth: \_\_\_\_\_

## Parent/Guardian Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we send you texts : Yes No

Email: \_\_\_\_\_

May we send you emails: Yes No

Does the participant have any medical conditions that we need to be aware of such as allergies, seizures, heart issues, etc. **WE MUST BE AWARE OF ALL HEALTH CONCERNS IN CASE OF EMERGENCY?** Yes No

If yes, please explain:

\_\_\_\_\_

Does participant need volunteer hours? Yes No

If volunteer hours are needed please complete the following two sections and make sure to get the appropriate log form from the staff to fill out and turn in.

What type of hours are needed? SAT Honor Society Other

Please specify if other: \_\_\_\_\_

Where should we submit your hours once completed? \_\_\_\_\_

FOR FRIGHT NIGHTS AND FISHMAS HAYRIDE ONLY – Will you be available to help more than once and if so how often will you be here? \_\_\_\_\_

All volunteers will be required to sign in and out each time you are on the premises. **YOU MUST SIGN IN AND OUT REGARDLESS OF NEEDING HOURS FOR INSURANCE PURPOSES.**

I, \_\_\_\_\_, do confirm that all above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# VOLUNTEER EMERGENCY CONTACT FORM

**Please make sure that this information stays current as it will be vital in the event of an emergency**

## **Personal Contact Info:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

## **Emergency Contact Info:**

**(1)** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

**(2)** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

## **Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Fishstrong Foundation and its representatives to contact any of the above on my behalf, as well as, contact emergency services in the event of an emergency.

**Volunteer Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

## Waiver of Liability

This agreement releases **Renewal Resources and Partners (i.e. Fishstrong, Fisher Rentals, Rockin' Game Party, and all employees) and property owners** from **all liability** relating to injuries that may occur **during any volunteering at 3100 to 3104 Freedom Way or other Fishstrong event locations**. By signing this agreement, I agree to hold **Renewal Resources and Partners (Fishstrong, Fisher Rentals, Rockin' Game Party, and all employees) and property owners** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Renewal Resources and Partners (i.e. Fishstrong, Fisher Rentals, Rockin' Game Party, and all employees) and property owners** for any reason. In return, I will receive **participation in the event and volunteer hours if required**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, \_\_\_\_\_, fully understand and agree to the above terms. I have voluntarily signed the form waiving all rights to seek legal action against **Renewal Resources and Partners (i.e. Fishstrong, Fisher Rentals, Rockin' Game Party, and all employees) and property owners**. This form will go in to effect the date it is signed and will last indefinitely.

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Participant Signature

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Date

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Parent/Guardian Signature

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Date