

Volunteer Information Sheet (18 and over)

Please Write Legibly and answer all questions

All Volunteers Subject to Name search on State Offender Registry

Name: _____

Address: _____

City, Zip: _____

Phone Number: _____ May we send you texts : Yes No

Email: _____ May we send you emails: Yes No

Date of Birth: _____

Are there 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:

Do you need volunteer hours? Yes No

If you need volunteer hours 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

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 _____ and its representatives to contact any of the above on my behalf in the event of an emergency.

Volunteer 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.

Participant Signature

Date