

VOLUNTEER INFORMATION FORM

NAME: _____

ADDRESS: _____

PHONE NO: _____

Email: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____

Please identify any physical or mental condition(s) (including allergies and medication you are taking) which might affect your performance or should be brought to the attention of emergency personnel to enable them to treat you in an emergency. (e.g., Are you a diabetic or epileptic; are you allergic to insect bites, chemical poison ivy, other?)

Disclosure of this **CONFIDENTIAL** information will not disqualify you from volunteer service.

Print Name: _____

SIGNATURE: _____

DATE: _____



VOLUNTEER AGREEMENT

I hereby apply to volunteer at _____. I do so for my own personal, community, or civic service benefit.

I understand that as a volunteer I will receive no monetary compensation or remuneration either at the time service is provided or at any later date. I will not receive any employment service credit or benefit for my volunteer service.

Print Name

Signature of Volunteer

Date