VOLUNTEER RENEWAL FORM

To comply with PATH International standards and our own communication needs, Ivey Ranch <u>must</u> annually update all your information. Write or type your name, then <u>either</u> check the "no changes" box and **sign and date at the bottom** <u>or</u> specify your changes, such as <u>phone numbers or e-mail</u>, and then sign and date at the bottom. Please return this form to Ivey Ranch via mail (110 Rancho Del Oro, Oceanside CA, 92057), fax (760-722-6598), email (iveyranch@yahoo.com) or in person.

RECEIPT OF THIS DOCUMENT IS REQUIRED TO KEEP YOUR VOLUNTEER STATUS CURRENT.

Thank you for your time and cooperation!

NAME: LAST	FIRST	MIDDLE		
NONE OF MY INFORMATION	N HAS CHANGED. (Please sign belo	w.)		
THE FOLLOWING INFORMATION HA	S CHANGED:			
ADDRESS	CITY	STATE	ZIP CODE	
HOME NO.	CELL NO.	EMAIL		
EMPLOYER OR SCHOOL	WORK	WORK NO.		
PARENT/GUARDIAN NAME	PHON	E NO.		
	MEDICAL INFORMATION	I		
EMERGENCY CONTACT	PHON	PHONE NO.		
MEDICAL CONDITIONS REQUIRING	SPECIAL PRECAUTIONS			
MEDICATIONS AND DOSAGE	ALL KI	ALL KNOWN ALLERGIES		
ADDITIONAL CHANGES:				
By signing below you are formally reconsents unless otherwise specified emergency medical consent, and ph	l above. This includes your indemn			
VOLUNTEED SIGNATURE:		DATE:		