

VOLUNTEER REGISTRATION FORM

(PLEASE PRINT)

Name _____ Date: _____

Address _____ City: _____ Postal Code: _____

Day Phone: _____ Home Phone: _____

Position , Events or Program volunteering for

I have carefully read the Volunteer Wavier on the bottom and understand that my signature is required below in order for myself to volunteer in The Family/Ajax Kids Place programs. I also understand that I may be asked to provide information necessary to conduct a criminal background check before I participate as a volunteer for the Family community/Ajax Kids Place

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Signature of Participant or Parent/ Guardian: _____ Date: _____

VOLUNTEER WAVIER FORM

The Ajax Kids Place welcomes you as a volunteer. This should be a fun and worthwhile project for our community, and we thank you for your participation.

Volunteers must recognize that this project involves physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The Family Community/Ajax Kids Place continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize And acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I may sustain as a result of participating in any activities connected or associated with this volunteer project.

I agree to waive and fully release the Family Community/Ajax Kids Place and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my volunteer participation in this project(s).

VOLUNTEER EMERGENCY INFORMATION FORM

1) Volunteer Name:

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

• Name: _____ Relationship: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

• Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

3) Medical Information:

Physician: _____

Phone: _____

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)
