

Copy this form to your desktop, fill it out, print and either fax in or bring to the orientation.

## Volunteer Registration Form

Thank you for agreeing to volunteer your time to help St. Petersburg Free Clinic! Please list the program(s) you would like to be involved with below and either fax this form to Angel Schumaker, Director of Volunteers and Special Events, at 727-821-9263, or bring it to the orientation (2<sup>nd</sup> Tues. at 10:00 am or 3<sup>rd</sup> Tues. at 3:30 pm).

**Food Bank**     **Health Center**     **Admin.**     **We Help**  
 **Beacon House**     **Women's Residence**     **Special Events**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c): \_\_\_\_\_ DOB: \_\_\_\_\_

What day(s) and what times of the day are you available? \_\_\_\_\_

Do you fluently speak another language(s) that you would willingly use? \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Best Phone Number to reach them at: \_\_\_\_\_

### **VOLUNTEER AGREEMENT AND WAIVER**

By signing as a volunteer for *ST. PETERSBURG FREE CLINIC*, I agree to read and abide by the guidelines and safety rules given as to my duties during my volunteer service. I know that volunteering may have certain risks associated with my duties and I also understand that, as a volunteer, I will receive no pay and will not be covered by any insurance in connection with any possible injury, while volunteering at *ST. PETERSBURG FREE CLINIC* or its programs. I, further, hereby authorize the *ST. PETERSBURG FREE CLINIC* to seek emergency medical treatment in case of accident, injury, or illness, and to hold harmless the agency in the event of accident, injury, or illness.

Having read this wavier and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, wavier and release *ST. PETERSBURG FREE CLINIC*, it's programs, and any and all persons, sponsors, and their representatives and successors from all claims or liabilities of any kind arising out of my participation. I grant permission for all of the foregoing use of photographs or any other records for any legitimate purpose. If my volunteering is providing transportation with my personal vehicle, I verify that I hold a valid driver's license and insurance as required by law. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to participate in the activities, is in good physical condition and that I authorize necessary emergency treatment.

Signature Participant: \_\_\_\_\_

\*If participant is under the age of 18, a Parent or Guardian must sign below.

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

Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Result of orientation: \_\_\_\_\_

Before volunteering, the information that you have provided on your form may be subject to a criminal background check.

If you have been found guilty, pleaded guilty to, or had adjudication withheld for any crime(s) other than minor traffic offenses, please explain. Having an offense will not necessarily exclude you from volunteering, Please include offense(s) and dates.

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To the best of my knowledge, everything stated above is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_