



phil's friends

we bring hope

1350 Lake Street, Suite G-1

Roselle, IL 60172

(224) 653-8315

www.philsfriends.org

Student Volunteer Form

Date Attending: _____

Group Name (if applicable): _____

Contact Information

First Name (required)

Last Name (required)

Please indicate the name of the organization, school, church, or other group you are volunteering with:

Parent/Guardian Contact Information

First Name (required)

Last Name (required)

Street Address

City

State

ZipCode

Phone Number (required)

Alt. Phone

Email Address

Release of Activity Liability & Confidentiality Statement

The undersigned acknowledges that care will be taken to avoid problems or accidents, however I hereby release *Phil's Friends* from the responsibility of any liability involving injury or accident to my child while participating at *Phil's Friends*. I also understand that there is a possibility of being photographed and give *Phil's Friends* rights to the photos. I as the parent or guardian of the participant listed above, hereby release *Phil's Friends* from the accident or injury causing circumstances and will accept full responsibility for my child's actions. I also acknowledge that while working with patient names, addresses, and other information, my child will keep all information confidential.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date