

# Volunteer Form



\*Required

Email Address \* \_\_\_\_\_

Date Attending \* \_\_\_\_\_

Group Name \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Street Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip Code \* \_\_\_\_\_

Phone Number \* \_\_\_\_\_

Can Contact \*  Yes  No

If volunteer is under 18, a legal guardian must sign below with phone number

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Phone Number*

## Release of Activity Liability & Confidentiality Statement

By completing this form I acknowledge 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 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 hereby release Phil's Friends from the accident or injury causing circumstances and will accept full responsibility for my actions. I also acknowledge that while working with patient names, addresses, and other information, I will keep all information confidential.