

VOLUNTEER REGISTRATION

Thank you for expressing interest in volunteering at the Broome County Council of Churches. Please complete the following form to help us match you with our programs and events.

Printed first and last name

Phone Number E-Mail

Street Address

City, State and Zip Code

Will you be working with a group or organization?

Please check one: YES NO

Please print the name of the group or organization if it applies:

Check all program that are of interest to you:

CHOW Faith in Action Volunteers Jail Ministry Hospital Ministry Healthier Lifestyle
Mentoring CHOW Farm Senior Living Ministry Wheelchair Ramp Program
 Other _____

Which days of the week are you able to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Which hours are you most likely able to work?

Daytime – AM Hours Daytime – PM Hours Evening Hours

What skills do you have?

Driving Construction Inventory Cleaning Computer skills Clerical Visiting Accounting
 Groundskeeping Gardening Community organization
 OTHER _____

Will you need a certificate verifying your hours? YES NO

How many hours do you need to serve? _____

What are your special interests or talents? _____

Send registration form to: Broome County Council of Churches, 3 Otseningo St, Binghamton, NY 13903

Staff: Please give a copy of this information to Barbara. Thank you

Volunteer Liability Release Form

I would like to volunteer for the Broome County Council of Churches Inc. I understand that I am responsible for my own medical insurance and will not hold Broome County Council of Churches Inc. liable for any injury or damage to myself, or my property, while volunteering at the Broome County Council of Churches.

TITLE PRINTED NAME OF VOLUNTEER EMAIL ADDRESS PHONE NUMBER

ADDRESS CITY, STATE, ZIP

DATE OF BIRTH LAST 4 DIGITS OF SS#PROGRAM (CHOW, FIAV, JAIL, HOSPITAL,..) GROUP AFFILIATION (if any)

DATE VOLUNTEER'S SIGNATURE

MAY WE USE PHOTOGRAPHS AND/OR VIDEO THAT WE MAY HAVE OF YOU WHILE YOU WERE VOLUNTEERING FOR THE BROOME COUNTY COUNCIL OF CHURCHES FOR PROMOTIONAL PURPOSES? (CIRCLE ONE) YES / NO

EMERGENCY CONTACT INFORMATION

ANY KNOWN ALLERGIES EMERGENCY CONTACT NAME PHONE NUMBERS

ADDRESS CITY, STATE, ZIP

PARENTAL CONSENT (If participant is under the age of 18)

I give permission for my child to serve as a volunteer for the Broome County Council of Churches. In the event my child requires any medical care while serving with the Council, and I am unavailable, _____ (PARENT/GUARDIAN WHO IS AUTHORIZED TO CONSENT TO MEDICAL CARE OF THIS MINOR), authorizes any doctor or hospital to provide such treatment as that individual determines would be appropriate to care for the condition with which the minor presents to said doctor or hospital. The Broome County Council of Churches shall not be liable for any health care, which its representative authorizes, as long as such care is recommended by the hospital or the doctor.

I understand that I am responsible for this minor's own medical insurance and will not hold the Broome County Council of Churches Inc., or any of its agents, liable for any injury or damage to this minor while volunteering for the Council.

PRINTED NAME OF PARENT/GUARDIAN RELATIONSHIP TO MINOR PHONE NUMBERS

ADDRESS CITY, STATE, ZIP

INSURANCE COMPANY POLICY NUMBER

DOES THIS MINOR HAVE ANY PHYSICAL LIMITATION THAT WE NEED TO BE AWARE OF? (USE REVERSE SIDE IF NEEDED)

PLEASE LIST ABOVE ANY ALLERGIES OR MEDICATIONS YOUR CHILD HAS (USE REVERSE SIDE IF NEEDED)

I GIVE PERMISSION FOR ABOVE NAMED MINOR TO USE POWER DRILLS: (CIRCLE ONE) YES NO

DATE PARENT/GUARDIAN SIGNATURE *Form updated 8-9-10 sh*