

# Savannah Baptist Center

## Volunteer Application

### Waiver of Liability:

I wish to volunteer at the Savannah Baptist Center. I understand the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and / or property damage that I sustain during my participation as a volunteer. In addition I hereby release, hold harmless and covenant not to file suit against the Savannah Baptist Center, Inc. and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

### Medical Information and Treatment Release:

In case of accident or illness requiring immediate medical attention, I authorize a staff member or representative of the Savannah Baptist Center to call a physician, or to take me to an emergency hospital.

If possible, the physician you have listed on the reverse will be contacted. It is understood that, if possible, the designated physician's services will be obtained. It is also understood that this agreement covers only those situations which, in the best judgment of the worker, are true emergencies. Otherwise I expect my emergency contact person(s) listed on my information sheet to be notified of illness or accident at once, and shall make my own arrangement for medical care for myself with the physician / hospital of my choice.

The person(s) listed on the reverse as the emergency contact(s) has (have) legal authority to approve medical attention if I am unable to be reached. This form and my signature below serves as authorization to a hospital and/or licensed physician to render emergency medical treatment in the event I am not able to provide for my own consent.

Intending to be legally bound hereby, I agree to pay all expenses incurred.

### Photo / Video / Website Release:

Photos and videotape footage of children and adults who are involved in the Savannah Baptist Center programs and activities are often used as part of the center's promotional materials. Photographs/videotapes may be used in brochures, video productions, newspapers, television or on the center's webpage. By signing below I give my permission for the center to use photo/video reproduction of myself, in any of these promotional venues. I waive any rights of compensation or ownership.

### I have read and agree to all of the above and reverse:

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### *If under 18 years of age:*

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## Contact Information

Name: \_\_\_\_\_ Prefix: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Method of Contact: (circle) Phone Email

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ School: \_\_\_\_\_

## Volunteer Information

### Availability: (check all that apply)

- \_\_\_\_ Weekday Mornings
- \_\_\_\_ Weekday Afternoons
- \_\_\_\_ Weekday Evenings
- \_\_\_\_ Weekends

Other: \_\_\_\_\_

### Area of Interest: (check all that apply)

- |                             |                      |
|-----------------------------|----------------------|
| After School Program: _____ | Clothes Closet _____ |
| Tutoring _____              | Special Events _____ |
| Games _____                 | Administrative _____ |
| Crafts _____                | Summer Act. _____    |
| Food _____                  | Food Pantry _____    |

### Social Information (check all that apply)

- \_\_\_\_ Prefer working with toddlers
- \_\_\_\_ Prefer working with Elementary School aged students
- \_\_\_\_ Prefer working with Middle School aged students
- \_\_\_\_ Prefer working with adults
- \_\_\_\_ Prefer non-interaction

# Emergency Contact Information

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In the unlikely event of an emergency, the Savannah Baptist Center needs to have your medical information on file. We understand your desire for privacy regarding medical information. Please complete the attached sheet and place in envelope with your name on it. This envelope will be kept in a secure location and only removed in case of emergency. In this case, the envelope will be given to medical professionals or the person above who is listed as an emergency contact. You may update your information at any time. Thank you for your assistance. Please initial next to the one of the following:

### Initial

\_\_\_\_ I agree to release medical information to the Savannah Baptist Center \_\_\_\_ I choose to withhold medical information

# Medical Information

Patient's Name \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider *(as appeared on card)* \_\_\_\_\_

Group Number \_\_\_\_\_ Member Number \_\_\_\_\_

### Medical Conditions *(check all that apply)*

- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Heart Problems \_\_\_\_\_
- Blood Pressure Problems \_\_\_\_\_
- Upset Stomach \_\_\_\_\_
- Motion Sickness \_\_\_\_\_
- Physical Handicap \_\_\_\_\_
- Other: \_\_\_\_\_

### Allergies *(check all that apply)*

- Aspirin \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Latex \_\_\_\_\_
- Pollen \_\_\_\_\_
- Eggs \_\_\_\_\_
- Fish/Shell Fish \_\_\_\_\_
- Milk Products \_\_\_\_\_
- Other: \_\_\_\_\_
- Stings/Bites \_\_\_\_\_
- Nuts \_\_\_\_\_
- Soy \_\_\_\_\_
- Wheat \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Current Medications Taken:

- 1) \_\_\_\_\_ Dosage \_\_\_\_\_ Occurrence \_\_\_\_\_
- 2) \_\_\_\_\_ Dosage \_\_\_\_\_ Occurrence \_\_\_\_\_
- 3) \_\_\_\_\_ Dosage \_\_\_\_\_ Occurrence \_\_\_\_\_

