



Volunteer Packet

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, on the center's webpage, or social media. 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 _____

Volunteer's Contact Information

Name: _____ Prefix: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Method of Contact: *(circle)* Home Phone Cell Phone Email

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

May we add you to our email group for newsletters & updates? Yes: _____ No: _____

DOB: ____/____/____ Church: _____ We may contact your Pastor as a reference. Please name one other reference & include their contact info: _____

School: _____ Degree/ Area of Study: _____

Do you regularly attend a Bible study? _____ Would you be interested in a discipleship course? _____

Volunteer Information

About You:

How did you hear about the Baptist Center? What prompted you to want to volunteer alongside us?

Something that you would like us to know about you (background, experience, areas of expertise, skill set, training, education, etc.):

Availability: *(check all that apply)*

____ Weekday Mornings ____ Weekday Afternoons ____ Seasonal Other: _____

Areas of Interest: General Administrative: ____ Encouraging & Praying with Clients: ____

Organization of Items/ Areas: ____ Organization of Events: ____ Communication/Correspondence via Email & Thank You Letters: ____ Communication via Telephone: ____ Creative/Decorative: ____

Discipleship/Mentorship: ____

Spiritual Gifts:

Do you know what your spiritual gifts are? _____

If not, would you like us to help you learn what they are? _____

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: _____
 Date of last Tetanus shot: ____/____/____

Allergies *(check all that apply)*

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

Current Medications:

1) _____ Dosage _____ Occurrence _____
 2) _____ Dosage _____ Occurrence _____

