



# 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 \_\_\_\_\_

Due to the Savannah Baptist Center's relationship with children, every person 18 years of age or over MUST undergo a background investigation. This background investigation is primarily searching for child molestation or related charges. The Savannah Baptist Center is required to keep this information strictly confidential. All files are stored under lock and shared with no one!

## Background Investigation Consent

I, \_\_\_\_\_, hereby authorize Savannah Baptist Center, and/or its agents to make an independent investigation of my background, references, criminal or policy records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and / or obtaining other information which may be material to my qualifications for volunteer work now and, if applicable, during the tenure of my volunteer work with Savannah Baptist Center.

I release Savannah Baptist Center and / or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all above referenced sources used.

**The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge: (Please Print Clearly)**

\*Legal Name (Print): \_\_\_\_\_  

First
Middle
Last

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_  

Street Address (Street Required, no P.O. Box)
City
State
Zip

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The cost of a background check is \$7.97. Would you be willing to cover the cost? Yes\_\_\_\_ No\_\_\_\_  
 (You can make a check payable to the "Savannah Baptist Center" or we can provide a receipt for cash.)

Note\*: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Savannah Baptist Center is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

\*Required