

# HumanKind

## MINISTRIES

### VOLUNTEER REGISTRATION FORM

First Name \_\_\_\_\_ Middle name or initial \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Group affiliation, if applicable (employer, church, school, etc.) \_\_\_\_\_

*Optional:*

Spouse or partner (if applicable) \_\_\_\_\_

Children age 17 and under who are volunteering (name, age) \_\_\_\_\_

Volunteer interests (mark all that apply)

☐ Operation Holiday

☐ Humanitarian Awards

☐ Homeless Shelter

☐ Souper Bowl

☐ Sleep Out/Speak Out

☐ Administrative Office

What is your availability? \_\_\_\_\_

How did you learn about our volunteer opportunities? \_\_\_\_\_

Any other information you would like us to know \_\_\_\_\_

**Hold Harmless Agreement and Consent to Video/Photograph:** I understand that participation involves a certain degree of risk. I have carefully considered the risk involved and hereby give consent for myself and/or my children to participate and fully understand the risk associated with my volunteerism. I understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release HumanKind Ministries, Inc., Wichita, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. **Volunteers in Direct Service to Clients:** As a HumanKind Ministries volunteer, I affirm that I will serve clients with good intentions and strive to fulfill the agency mission. I understand that Client/Volunteer confidentiality is required. I agree to let HumanKind Ministries use video and photographs of me and my children with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I accept these terms with my signature below on behalf of: ☐ myself ☐ my children ☐ my family

Signature \_\_\_\_\_ Today's date \_\_\_\_\_