

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)

<input type="checkbox"/> Operation Holiday	<input type="checkbox"/> Humanitarian Awards	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Souper Bowl	<input type="checkbox"/> Sleep Out/Speak Out	<input type="checkbox"/> 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 _____