



friendship  
adventures

# 2021/22 VOLUNTEER REGISTRATION

Volunteer forms are required on an **annual basis**.  
It is the responsibility of the volunteer to keep this information current.

## Volunteer Information

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Medical Alert/Allergies: \_\_\_\_\_

## Parent/Guardian Information (if volunteer is under the age of 18)

Parent/guardian Name: \_\_\_\_\_

Parent/guardian Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Emergency**

In the event of an emergency I hereby give permission to the medical personnel selected Friendship Adventures to order x-rays, routine tests and treatment for myself in the event an emergency contact cannot be reached. I hereby give permission to the physician selected by that staff to hospitalize, secure proper treatment for and to order injection, and/or an anesthesia and/or surgery for applicant as named above.

Physician/Clinic Name: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_  
**REQUIRED (Parent/Legal Guardian if under 18)**

Date: \_\_\_\_\_

**Current Medications:**

\_\_\_\_\_  
Please list all current medications – use separate page if necessary

**\*\*\*COPY OF COVID-19 VACCINATION RECORD MUST BE ATTACHED\*\*\***

**Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photographic Release**

I consent and authorize Friendship Adventures to take photos and/or video during activities. I understand that the resulting materials may be used for travel purposes/ identification, distributed to the volunteer, or for informational presentations about Friendship Adventures and on our website and brochures.

\_\_\_\_\_ Please initial here if you **do not** want your picture used.



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## 2021/22 RELEASE of LIABILITY – Volunteer

The undersigned who is either (a) a competent adult \_\_\_\_\_; (b) the duly appointed court guardian for the participant hereinafter named \_\_\_\_\_; or (c) the parent and natural legal guardian of the participant who is under the age of 18 years \_\_\_\_\_ (*indicate which applies by initialing*), does hereby individually, or in their representative capacity, forever release and discharge Friendship Adventures, its officers, directors, and agents, from any and all claims, demands, and causes of action, for damages or otherwise, which the participant may have or may sustain by reason of the participant’s participation in the recreational activities sponsored by Friendship Adventures identified below. The undersigned, on behalf of him /herself and on behalf of his/her child or ward, agrees to hold Friendship Adventures, its officers, employees and volunteers, harmless and free from all liability arising from any activity sponsored by Friendship Adventures.

Friendship Adventures is a nonprofit corporation organized for the purposes of providing recreational and educational activities to persons with developmental disabilities. These activities will necessarily entail risks of travel, including, but not limited to, traffic accidents and related injuries. Further, the activities will also include, to some degree or another, physical activities such as walking and climbing in both urban environments and in remote areas. These physical activities may result in injury or damage from falls or becoming lost. Other people with developmental disabilities will be participating in the activities, so there is also the risk that confrontation could occur between the participant and others engaged in the activity, which could result in injury. Further, the activity will also entail other additional risks of injury and damage that are reasonably associated with the particular activity identified below.

In consideration for Friendship Adventures providing the sponsored activities which the undersigned acknowledges is in the participant’s best interest and would not otherwise be available but for Friendship Adventures sponsorship, the undersigned, with full knowledge of the risks and benefits associated with the activity and the legal effect of this agreement, executes this release of liability.

Further, the undersigned acknowledges that Friendship Adventures is sponsoring the activity in reliance upon the legal effect of this release and any fees paid by the undersigned for the activity is based upon the participant’s share of the activity.

Volunteer’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Legal Guardian’s Signature (if under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Please complete and return form to:**

Friendship Adventures

9805 NE 116<sup>th</sup> Street, PMB #A185

Kirkland, WA 98034

Phone: (425) 444-3132 Fax (360) 668-3840

E-mail: [Maureen@FriendshipAdventures.org](mailto:Maureen@FriendshipAdventures.org)



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As a prospective volunteer, I hereby authorize Friendship Adventures to obtain a Criminal History Information Report from the Washington State Patrol under the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845.

Name: \_\_\_\_\_  
Last First Middle

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

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

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date