



2022 - 2023 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: _____

Identification:

** Please attach a photo copy of the volunteer’s photo identification

Medical Emergency:

I hereby give permission to the medical personnel selected by my assigned chaperone to order x-rays, routine tests and treatment for applicant as named above; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment for and to order injection, and/or an anesthesia and/or surgery for applicant as named above during the dates specified above.

Physician/Clinic Name: _____

Insurance Information: _____

Signature: _____ Relationship to Volunteer: _____

We follow State of Washington Covid-19 Protocol

“Masks continue to be required in some settings, including health care, long-term care and correctional facilities. Local health jurisdictions, some school districts, and individual businesses may still choose to require masks. If you are in a setting where COVID-19 safety measures are in place, please follow them. The goal of these safety measures is to protect staff, employees, students, yourself, and others. DOH guidance documents provide additional information on where masks are still required.”

Special Instructions : _____

Photographic Release

I consent and authorize Friendship Adventures or Friendship Adventure Day Program to take photos and/or video of the above-named volunteer 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.

_____ Initial here if you **DO NOT** want pictures taken at any time.



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2022 - 2023 VOLUNTEER RELEASE of LIABILITY

The undersigned who is either (a) a competent adult _____; (b) the duly appointed court guardian for the volunteer hereinafter named _____; or (c) the parent and natural legal guardian of the volunteer 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 volunteer may have or may sustain by reason of the volunteer'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 confrontations could occur between the volunteer 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 volunteer's best interest and would not otherwise be available but for Friendship Adventures partnership, 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 activity is based upon the volunteers of the activity.

Volunteer Name: _____ Date: _____

Volunteer Signature

Parent/Legal Guardian's Signature

Print Name

Print Name

Please complete and return to:

Friendship Adventures ~ 21218 W Lost Lake Road – Snohomish, WA 98296

Fax 360.668.3840 ~ Phone: 425.444.3132 ~ E-mail: info@friendshipadventures.org ~ Website: www.friendshipadventures.org



2022 - 2023 VOLUNTEER BACKGROUND CHECK AUTHORIZATION

As a prospective volunteer, I hereby authorize Friendship Adventures and Friendship Adventures Day Program 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.

This form authorizes the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Friendship Adventures and Friendship Adventures Day Program or its designated agents with any and all information in their possession regarding me in connection with an application of employment or contract. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ Zip: _____

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____

Driver's License Number _____ State: _____

Signature Date