

HOSANNA INDUSTRIES, INC. VOLUNTEER REGISTRATION FORM
COMPLETE FORM IN ITS ENTIRETY

NAME: _____

ADDRESS: Street _____ e-mail _____

City _____ State _____ Zip _____

Phone _____ Day _____ Evening _____
First Time Volunteer: YES NO Age: _____ (optional)

ORGANIZATION AFFILIATION/PLACE OF WORK- (Business, Church, Civic organization, School, etc.)

IF UNDER 18 Years of age

Name of parent or guardian _____

Home phone _____ Work phone _____

Parental consent: My son or daughter has my consent to perform volunteer construction work with Hosanna Industries, Inc.

Signature X _____

MEDICAL CONSENT (All ages fill out)

Hosanna Industries, Inc. has my permission to administer or have administered any medical attention necessary in the event of accident or injury.

Signature X _____

In the event of an injury, volunteers must present their own medical insurance information to the doctor or medical provider that will be treating you.

VERIFICATION OF MEDICAL COVERAGE (Hosanna Industries' volunteers must have medical insurance)

Insurance Carrier _____ ID No _____

Date of your last tetanus shot? _____ (if more than 10 years have transpired since your last tetanus shot please get a booster before you visit with us)

SPECIAL MEDICAL CONSIDERATIONS _____

SPECIAL CONSTRUCTION AND/OR OTHER SKILLS

If you would like to receive our Newsletter please contact Amy Ed at our office.

PHOTO RELEASE: I, the undersigned, permit use of photos and/or video images portraying myself in publications promoting Hosanna Industries, Inc.

Signature X _____ Date _____

LIABILITY RELEASE (to be signed with Volunteer Coordinator or group leader)

I, (print full name) _____ hereby release Hosanna Industries, Inc. (as well as its successor(s) and assigns) from any and all claims for damages, whether to person or property, arising from any accidents or injuries, direct or indirect, including travel to and from the day's activities, which are caused or arise from my participating/volunteering with Hosanna Industries, Inc. work project(s):

Signature X _____ Date _____
Witness X _____ Date _____