



Student Volunteer Application

Student's Name _____ Grade _____ Sex: M or F
Address _____
City _____ State _____ Zip _____
Home Phone _____ School _____
Student Email Address _____
Parent's Name(s) _____
Parent Email Address _____
Parent's Work Phone _____ Cell Phone _____

Emergency Contact other than parents:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Registration and Medical Information

Student's Name _____ Phone _____ Birth Date ___ / ___ / ___
Address _____
City _____ State _____ Zip _____
Allergies/Special Health Issues _____

| Medications | Time Schedule | Medications that CANNOT be taken |
|-------------|---------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Insurance Information

Policy Holder's Name _____ Policy Holder's ID # _____
Insurance Co. _____ Phone _____
Policy # _____ Group # _____
Doctor's Name _____ Phone _____
Address City _____ State _____ Zip _____

Volunteer Release and Waiver of Liability for flood, inc.

I, _____, parent/guardian of _____ (the "minor volunteer"), who has applied to serve as a volunteer with flood, inc., a religious non-profit corporation, hereby executes this Release and Waiver of Liability (the "Release") dated _____, 20__ and agrees to hold flood, inc. and its directors, officers, employees and agents harmless from any and all liability, claims and demands, which may arise from the minor volunteer's participation in flood sponsored activities and events.

In furtherance of this Release, I agree to the following:

1. I understand and acknowledge that this Release discharges flood, inc. from any liability or claims that I may have against flood, inc., with respect to bodily injury, personal injury, illness, or property damages that may result from the minor volunteer's participation in flood sponsored events, activities, service projects, missions trips, and retreats;
2. I understand and acknowledge that flood, inc. does not assume any responsibility for or obligation to provide me and the minor volunteer with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the events of injury, illness, or damage to property;
3. I understand and acknowledge that in the event of emergency or non-emergency situations in which medical treatment is required, every reasonable effort will be made to contact the persons listed on the attached registration form. If flood, inc. is unsuccessful in contacting the persons listed, I consent to the treatment of the minor volunteer by competent medical personnel as determined by those supervising the event;
4. I hereby grant to flood, inc. and to its employees, agents and assigns the right to photograph the minor volunteer and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I understand the minor volunteer's image may be used in displays, publications or other purposes for which I will not receive any financial or other compensation or reimbursement;
5. I understand and acknowledge that the flood, inc. staff reserves the right to remove any minor volunteer from a flood, inc. sponsored activity or event if he/she does not follow the rules and guidelines and may forfeit any applicable registration fee.

Parent/Guardian signature

Date

For flood office use only

Parent Letter _____

Parent Call _____

Parent Invite _____

Student Card _____

Emails Entered _____

Database _____