



## VOLUNTEER INFORMATION FORM

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

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. E-Mail Address \_\_\_\_\_

5. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

6. Place of Employment \_\_\_\_\_

7. Work Phone \_\_\_\_\_

8. Marital Status \_\_\_\_\_

9. IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

I, \_\_\_\_\_ (your name), as a volunteer I understand and am aware of the risk associated therewith and voluntary assume such risk as a volunteer by participation in and aiding GOD'S PIT CREW in rendering service to this project. If accepted as a member of this team, I agree to : Release and discharge the organization and individual which helped make these arrangements, including God's Pit Crew, their agents, employees, officers and volunteers from all claims, demands, actions, judgements or executions that I have ever had, or now have, or may have, or which my heirs, executors administrators, or assigns may have or claim to have, against this organization, their agents, employees, officers and volunteers, and their successors or assigns, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of this journey. I intend to be legally bound by this statement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## Medical History

FAMILY PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

I Have Medical Insurance: YES NO

If YES, Name of Insurance Company: \_\_\_\_\_

### Please provide the following information:

Do you have or have you ever had any of the following medical conditions?

Allergies: YES NO If YES, Allergies to What? \_\_\_\_\_

Medications: \_\_\_\_\_

Asthma: YES NO Are You Taking Medication? \_\_\_\_\_

Medications: \_\_\_\_\_

Diabetes: YES NO Are You Presently Taking Insulin or Other Medication? \_\_\_\_\_

Heart Condition: YES NO Are You Presently Receiving Prescribed Medication? \_\_\_\_\_

Do You Have a Physical Impairment: YES NO If YES, Explain Below?

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Are You Presently Receiving Any Other Prescribed or Over-The-Counter Medication? YES NO

Specify: \_\_\_\_\_

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Please State Any Other Medical Conditions Not Mentioned Above?

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I hereby certify that this information is an accurate representation of my medical history. In the event that I need emergency care and am unable to give my consent at that time, I hereby authorize any member of God's Pit Crew team to authorize any emergency medical attention that is needed.

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

Parent or Guardian Signature (if under age 18): \_\_\_\_\_