



## Volunteer Information

Name \_\_\_\_\_ Name I go by \_\_\_\_\_

Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Local Address \_\_\_\_\_

Other Address \_\_\_\_\_

Please indicate days available (Circle)    Mon    Tues    Wed    Thurs    Fri    Sat    Sun

Any physical limitations? \_\_\_\_\_

In case of emergency contacts:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information: (This information is optional but will help us help you if you are unable to provide this information to medical personnel yourself or we are not able to reach anyone at your emergency contacts.)

Allergies: \_\_\_\_\_

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

\_\_\_\_\_

Medical Conditions: (Diabetic, heart conditions etc.) \_\_\_\_\_

\_\_\_\_\_ Hospital Preference \_\_\_\_\_

### Liability Statement

***As a volunteer of the Lake Lure Flowering Bridge, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization and its affiliates cannot assume any responsibilities for any accidents, injury or health problems which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.***

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