

Organization of Special Needs Families Volunteer Registration Form

Today's Date: ____/____/____
Month Day Year

Adult Volunteer or Parent/Guardian Information

1. Name: _____ Relationship to youth: _____
 Address: _____ (city & zip)
 Phone #(Home): _____ Email address: _____
 Your School/Company: _____

2. Name: _____ Relationship to youth: _____
 Address: _____ (city & zip)
 Phone #(Home): _____ Email address: _____
 Your School/Company: _____

Youth Volunteer Information (if under the age of 18)

1. Name: _____ Age: ____ Birthday: ____/____/____
 Month Day Year
 School: _____ Phone #(Cell if any): _____
 Email address: _____
 Skills (e.g. art, music, web design, office): _____

2. Name: _____ Birthday: ____/____/____
 Month Day Year
 School: _____ Phone #(Cell if any): _____
 Email address: _____
 Skills (e.g. art, music, web design, office): _____

I agree myself or my child(ren) to participate in the activities in OSF and fulfill the vision of OSF. Myself or my child(ren) may be videotaped, audio taped, and/or photographed. Therefore I give my permission and hereby release and discharge OSF from any and all claims for libel or invasion of privacy. I agree that OSF shall not be liable for any loss, damage, injury, loss of life, claim, directly or indirectly caused by or in relation to any services provided by or for OSF, including without limitation the members of its board, staff, volunteers, affiliates and agents.

I claim that I, or my child(ren) do(does) not currently receive services from Special Education IEP, Section 504, Resource Specialist; nor have mental and/or emotional disturbance.

Signature of Adult Volunteer or Parent/Guardian:

_____ Signature _____ Date _____
 Print your name