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:

_____ _____ _____
Print your name Signature Date