



Family and Friends Connection, Inc.

Work, play and live as one...

How did you hear about us?

City of Pembroke Pines City of Miramar Community Foundation of Broward Family Central School
 Radio Newspaper Television Corporation Volunteer Broward email Other _____

Volunteer Application

Personal Information

Name _____ Date of Birth __/__/____ Sex: Male Female

Address _____ City _____ State _____ zip code _____

Primary Telephone _____ Cell # _____ Email _____

Primary Language _____ Other languages spoken _____

(For funding purposes) Race: Caucasian * African American * Hispanic * Asia/Pacific * Bi-Racial * Other _____

Medical Conditions/Allergies _____ Medication _____

Do you have a disability? *If yes, please state* _____

Emergency Contact: _____ Relationship _____ Telephone _____

Email _____

In what areas would you like to volunteer?

- | | |
|--|--|
| <input type="checkbox"/> community outreach | <input type="checkbox"/> aftercare program |
| <input type="checkbox"/> workshops & trainings | <input type="checkbox"/> administrative/clerical |
| <input type="checkbox"/> tutoring program | <input type="checkbox"/> MLK, Jr. Day activities |
| <input type="checkbox"/> planning committees | <input type="checkbox"/> Other: _____ |
-

What is your availability?

- weekdays weeknights
 weekend days weekend nights

Additional comments: _____



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Volunteer Agreement and Waiver

I, the undersigned, hereby agree and release Family and Friends, Inc and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, volunteers, guests, and affiliates from, and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation in Family and Friends, Inc's programs or related activities, including, without limitations, any negligence of Family and Friends, Inc, its officers, directors, partners, employees, agents, successors, volunteers, assigns, licensees, sponsors, donors, representatives, guests, and affiliates. Furthermore, to the extent I utilize my own vehicle for transportation or other purposes, in connection to a Family and Friends, Inc project or activities, I hereby represent and warrant that I am, and the vehicle is, fully insured to the extent required by law.

I hereby agree to indemnify and hold Family and Friends, Inc, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, volunteers, guests, and affiliates harmless against any and all liabilities, claims, actions, damages, losses, judgments, fines, deficiencies, injuries, suits and proceedings at law or in equity, costs, or any other expense, fee or charge of any character or nature through all levels of appeal and any amounts paid in settlement of the forgoing which may be imposed upon, incurred or threatened by or upon Family and Friends, Inc (or any related part as referenced above) or any of its property in respect to, or arising out of, my participation or in any Family and Friends, Inc activity. In addition to the foregoing, I will only participate in Family and Friends, Inc's activities that I am physically capable of participating in without risk of injury to myself.

I further irrevocably grant to Family and Friends, Inc, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, statements, voice and biography in and all media, publications, advertising and publicity, in connection with my participation and related activities with Family and Friends, Inc. This release shall inure to the benefit of Family and Friends, Inc and its successors, licensees, agents, employees, affiliates, and assigns. This release shall be governed by the laws of the State of Florida.

Adult Volunteer: _____

Child Volunteer's Name _____

Parent's Name _____

Parent/Guardian Signature _____ Date __/__/__

For Official Use ONLY

___ APPROVED ___ DENIED

Evaluating Personnel _____ Signature _____ Date __/__/__

NOTE _____