



VOLUNTEER FORM

ANY VOLUNTEER MUST COMPLETE THE FOLLOWING VOLUNTEER RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES OR ANY OTHER OFFSITE LOCATION.

(Please keep a copy of this form within each persons file for future reference)

AGENCY Information

Agency Name:	Six Points Evaluation and Training, Inc.			
	Street	City	State	Zip
Agency Address:	320 S. 14 th St.	Gunnison	CO	81230

Personal Information

Person's Name:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Person's Phone Number:	(Home): () -	(Work): () -		
	Street	City	State	Zip
Person's Address:	_____	_____	_____	_____
e-mail address:	_____			

RELEASE

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks can not be prevented and I assume those beyond the control of **SIX POINTS** faculty and staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that **SIX POINTS** does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify **SIX POINTS** staff at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/ Guardian Name (print): _____ DATE: _____

Parent/ Guardian Signature: _____ DATE: _____

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.