

VOLUNTEER REGISTRATION FORM



NAME _____

ADDRESS _____

CITY _____ ZIP _____

CELL _____

EMAIL _____

EMPLOYER _____

DOB ____ / ____ / ____ GENDER M F

DRIVER'S LICENSE # _____ ISSUING STATE _____

MAIDEN NAME _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE NUMBER _____

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU USE ILLEGAL DRUGS? |
| <input type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? |
| <input type="checkbox"/> | <input type="checkbox"/> | HAVE YOU RECENTLY BEEN ARREST OR INDICTED FOR ANY CRIMINAL OFFENSE? |
| <input type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER BEEN CHARGED WITH NEGLIGENCE, ABUSE, ASSAULT, SEXUAL ASSAULT OR CRIMES INVOLVING VIOLENCE OR THREAT OF VIOLENCE? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU HAVE AN OBJECTION TO A BACKGROUND CHECK? |

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE PLEASE EXPLAIN BELOW

I AFFIRM I AM 18 YEARS OF AGE OR OLDER

I HAVE READ AND UNDERSTAND THIS REGISTRATION FORM AND THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

SIGNED: _____

DATE: _____



VOLUNTEER WAIVER, RELEASE, AND LIABILITY

NAME OF VOLUNTEER _____
VOLUNTEER ACTIVITY TYPE _____
DATES OF ACTIVITY _____
LOCATION OF ACTIVITY _____

I, THE UNDERSIGNED VOLUNTEER, DESIRE AND AGREE TO VOLUNTEER FOR THE TOWN OF SMITHFIELD ("TOWN") IN THE VOLUNTEER ACTIVITY DESCRIBED ABOVE. I FURTHER UNDERSTAND AND AGREE AS FOLLOWS:

I AM DONATING TIME AND SERVICES WITHOUT ANY COMPENSATION AND SHALL AT NO TIME BE CONSIDERED AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE TOWN, AND THE TOWN WILL NOT PROVIDE INSURANCE COVERAGE FOR ME;

I KNOW OF NO REASON, MEDICAL OR OTHERWISE, THAT WOULD PREVENT ME FROM PERFORMING THE TASK REQUIRED TO PARTICIPATE IN THIS VOLUNTEER ACTIVITY;

I ASSUME ALL RISK OF PARTICIPATING IN THIS VOLUNTEER ACTIVITY AND FULL RESPONSIBILITY FOR MY CONDUCT AND ACTIONS, INCLUDING ANY INJURY TO MYSELF OR OTHERS OR DAMAGE TO PROPERTY THAT MAY RESULT WHILE VOLUNTEERING, AND I UNDERSTAND THAT THE TOWN IS NOT RESPONSIBLE FOR CONDITIONS THAT I CREATE MYSELF OR THOSE CREATED BY OTHER VOLUNTEERS OR PARTICIPANTS;

I, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, HEREBY AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY THE TOWN, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LOSS, DAMAGE, EXPENSE, OR COST (INCLUDING ATTORNEY'S FEES) OF ANY KIND FOR INJURIES (INCLUDING PROPERTY DAMAGE, PERSONAL INJURY, DISABILITY AND DEATH) ARISING OUT OF THIS VOLUNTEER ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE TOWN OR OTHERWISE.

I, (AND PARENT/LEGAL GUARDIAN IF VOLUNTEER IS UNDER AGE 18) HAVE CAREFULLY READ THIS AND UNDERSTAND AND AGREE WITH ALL OF ITS TERMS AND CONDITIONS.

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN
(IF VOLUNTEER IS UNDER AGE 18)

DATE