

Fannie Battle Day Home for Children

VOLUNTEER INFORMATION

GENERAL INFORMATION

First Name _____ MI _____ Last Name _____ Ms. Mrs. Mr.

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____ Other _____

E-mail Address _____

Birthday (Month/Day) _____ (Please include year if under 18 years - Age _____)

EMERGENCY CONTACT

First Name _____ Last Name _____

Relationship _____

Telephone - Day _____ Evening _____

SCHOOL INFORMATION – Please fill in if you are currently enrolled in school & hours are for school

High School _____ Grade Level _____

College/University _____

PARENT / GUARDIAN INFORMATION – *If you are 17 years of age or younger, parent or guardian must sign.*

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

Telephone - Day _____ Evening _____

As a volunteer of Fannie Battle Day Home for Children, I agree to conduct myself in a professional manner and to maintain appropriate confidentiality of any information relating to Fannie Battle Day Home for Children and the families we serve. I also hereby authorize Fannie Battle Day Home for Children, Inc. and their respective parents, subsidiaries, affiliates, contractors, licensees, assigns and advertising agencies to use, and to permit others to use, and hereby release each of them from any liability or claim for the use of photograph for purposes of advertising, promoting, and publicizing Fannie Battle Day Home for Children, Inc. in perpetuity and any media or market now or hereafter known throughout the universe. I receive no compensation or consideration of any kind in return for the rights granted by me herein, other than the promotional value resulting from my participation.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____