[ ] Extra Special Saturday Respite

**Click “Enable Editing” and fill in all of the highlighted fields. Once you have signed at the bottom by typing your name, save the document and email it back to volunteer@focus-ga.org Thank you!**

[ ] FAST Fins Swim Team

[ ] Teen & Young Adult Group

[ ] Fundraisers/Special Events

[ ] Office

[ ] Summer Camps

[ ] Other

|  |  |
| --- | --- |
| Name:       | Gender:       |
| Email Address:       | Date of Birth:      Age:       |
| Address:       City:      State:      Zip:      |
| County:      |  T Shirt Size: | Group Affiliated With (optional):      |
| Cell Phone:       | Home Phone:       | Second Email (optional):       |
| School or Employer:       | Job Title:       |
|

|  |  |
| --- | --- |
| [ ] Yes | [ ] No |

Have you volunteered with FOCUS before:  | If yes, which program(s):       |
| Please list any medical conditions:       |
| Please list any medications you are currently taking:       |
| List all allergies with treatment:       |
| Please list any injuries in the past 12 months:       |
| In case of an emergency, contact:      Phone:      Relationship:       |
|

|  |  |
| --- | --- |
| [ ] Yes | [ ] No |

Have you ever been arrested or charged with a crime in the past ten years, other than a minor traffic offense? |
| If yes, please describe:       |
| List two personal references and phone numbers: | 1. Phone:
2. Phone:
 |
| **PHOTOGRAPHIC RELEASE FORM**For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby grants to Families of Children Under Stress (FOCUS) permission to take still or moving photographs, films, slides or videos of him/herself, and consents to and authorizes FOCUS, its advertising agencies, news media, and any other persons in FOCUS and its work to use and reproduce said photographs, films, slides or videos, with or without the undersigned’s name, and to circulate and publish the same by any and all means, including but not limited to, magazines, newspapers, slide presentations, television, brochures, Facebook or pamphlets. |
| **[ ] I agree to the above Photographic Release Clause** **[ ] I do not wish to have pictures of myself published by FOCUS**  |
| **WAIVER AND RELEASE:**In connection with my voluntary involvement in activities undertaken, and with the participation of support of Families Of Children Under Stress (FOCUS), a nonprofit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge FOCUS, it officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from the negligence of FOCUS or anyone working on behalf of FOCUS, and I agree to release and hold FOCUS, it officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and condition of this release. Furthermore, I grant permission for photographers, video and quotations from me during my involvement with FOCUS to be used to further promote FOCUS and volunteerism.I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.**[ ] I am at least 18 years of age and I consent to the above “Waiver and Release” clause by signing below****[ ] I am a parent/guardian of this individual’s information and I give consent to the above “Waiver and Release” clause by signing below** |
| **Signature:**  | **Parent/Guardian’s signature required, if under 18:**  | **Date:** Click here to enter a date. |