

Open Hand Ministries/Garfield Comm. Farm - Volunteer Registration Form

General Information:

Name: _____ age: _____

Address:

Street: _____

City: _____ State: _____ zip code: _____

Phone Number: _____ E-mail: _____

Church/Organization: _____

Under the age of eighteen:

Name of parent/guardian: _____

Phone of parent/guardian:

Day: _____ Evening: _____

Consent of parent/guardian:

My son/daughter has my consent to perform volunteer construction/farming work with Open Hand Ministries/Garfield Community Farm.

Parent/guardian signature: X _____ Date: _____

Medical Consent: (all ages)

I understand that I must have medical insurance before volunteering with Open Hand Ministries/Garfield Community Farm.

I understand that in the event of an injury requiring medical treatment, I must present my medical insurance information to the treating health care professional or agency.

Insurance Carrier: _____ Phone Number: _____

Open Hand Ministries/Garfield Community Farm and/or its designees have my permission to administer or have administered any medical attention necessary in the event of accident or injury.

I understand that it is my responsibility to notify a representative of Open Hand Ministries/Garfield Community Farm of any applicable medical issues.

Special medical considerations: _____

Signature: X _____ Date: _____

Photo/video image release:

I, the undersigned, permit the use of photos and/or video images portraying myself in publications promoting Open Hand Ministries/Garfield Community Farm.

Signature: X _____ Date: _____

Liability release:

I, the undersigned, hereby release Open Hand Ministries/Garfield Community Farm (as well as its successors and assigns) from any and all claims for damages, whether to person or property, arising from any accidents or injuries, direct or indirect, including travel to and from the volunteer activities, which are caused by or arise from my participating/volunteering with Open Hand Ministries work projects.

Signature: X _____ Date: _____