

G.I.V.E. ENROLLMENT RECORD

I, _____, have received instruction and understand my role as a volunteer through the Generations in Volunteer Efforts for Sheridan County and I understand that I am not an employee of the Sheridan County Board of Commissioners or G.I.V.E.

AGE _____ BIRTHDATE _____ PHONE _____

ADDRESS _____

EMAIL ADDRESS _____

Do you have any physical/medical limitations? No _____ Yes _____

If Yes, Please explain: _____

Are you a veteran? No _____ Yes _____

What types of volunteering are you interested in _____

How much time per week would you like to volunteer _____

How did you learn about G.I.V.E./who referred you _____

Consent for use of pictures taken of volunteers for recognition and/or publicity: Yes ___ No ___

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DESIGNATION OF BENEFICIARY & EMERGENCY CONTACT
(For G.I.V.E. Accident Insurance)

Name (s) _____ Relationship _____ Address _____

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IF VOLUNTEER DRIVES A CAR
Volunteer Insurance Statement

I, _____, the Volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect, automobile insurance equal to the minimum limits required by our State.

Driver's Permit No. _____

Expiration Date _____

Signature of Volunteer Date Signature of G.I.V.E. Staff Date

Parental permission and signature required for individuals under age 18 (bona fide insurance requirement). **Signature of Parent** _____