



## Volunteer Registration Form

Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph # \_\_\_\_\_

Volunteer Experience  
\_\_\_\_\_

Current Availability:  
\_\_\_\_\_

### Volunteer Position Interests

Client Services     Admin Support  
 Community Closet     Food Bag Assistance     Warehouse Worker

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### By my signature below, I hereby verify that information on this application is true and correct and I agree to the following:

- I hereby give permission to LCRC to submit my name for a criminal background check if required of the position.
- I agree to keep confidential all information pertaining to participants that I may work with during my volunteer assignment. I understand that participant and agency information is privileged, and is not to be disseminated by me. Failure to abide by this agreement can result in my immediate dismissal.
- I am aware of any potential risks and benefits in my volunteer position.
- If I use my personal automobile to transport a client, I will arrange to keep my auto liability insurance in effect, in an amount equal to (at least) the minimum required by the Commonwealth of Virginia.
- I hereby release and discharge LCRC and any of its management staff, program managers, volunteer leaders, employees, affiliates, and their successors from any and all liability or responsibility for any accident or injury sustained in connection with my volunteer activity.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_