

TEEN HELPER INFORMATION SHEET		
Volunteer Information		
Name (include suffix):		
Date of birth:		Phone:
Current Address		State:
City:		ZIP Code:
E-Mail Address:		
Emergency Contact		
Name of an emergency contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

*Please briefly answer the following questions:*

**NAME:** \_\_\_\_\_  
I would like to volunteer with Kids at Heart because,

I have the following experience with children:

My favorite age groups will likely be                    3-6        6-9        9-12

I am not as comfortable with kids of \_\_\_\_\_ ages.

If I were asked to help at a station, I would be interested in: *(please check all that apply)*

- \_\_\_\_\_ Crafts
- \_\_\_\_\_ Gym
- \_\_\_\_\_ Snack
- \_\_\_\_\_ Special Rotation
- \_\_\_\_\_ I'll take any station!
- \_\_\_\_\_ I'd rather not help with a station

Are you tracking hours for a specific project or class and will you need any assistance from Kids at Heart staff?

## Kids At Heart Volunteer Waiver

**Name of Volunteer** \_\_\_\_\_

**Name of Parent if Volunteer is under 18** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Number ( \_\_\_\_\_ )** \_\_\_\_\_

### **Functions and Activities**

It is my understanding that volunteering for the programs and recreational activities of [KIDS AT HEART](#) at the [Fort Collins Boys and Girls Club](#), [First Christian Church Loveland](#) or any other facility is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### **Release of Liability**

By signing this Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release [Kids at Heart](#) and [HEART OF THE ROCKIES CHRISTIAN CHURCH](#) and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against [KIDS AT HEART OR HEART OF THE ROCKIES CHRISTIAN CHURCH OR](#) its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless the program, the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of [KIDS AT HEART](#) to seek and secure any needed medical attention or treatment, including hospitalization, if in the agent's opinion such need arises. In doing, so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**<over>**

Health Insurance Information

Insurance Company \_\_\_\_\_ Doctor's Name

\_\_\_\_\_

Medical, Diet Or Allergy Concerns

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about you:

**The following will be completed at your first Fundango or the Orientation and Training:**

I hereby consent to the Waiver Form, including the Release of Liability above and agree that this Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**If Volunteer is under 18:**

I represent that I am the parent/guardian of the child named above, who is under 18 years of age. I have read the above Waiver Form and am fully familiar with the contents thereof.

**Signature of Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

### Confidentiality Statement

I/We \_\_\_\_\_, as volunteers for Kids at Heart, understand that the records and information available to me/us through our position as a volunteer is **CONFIDENTIAL**. All information relating to the children and their parents is not to be used outside of Kids at Heart for any purpose. I/We agree to preserve the confidentiality of any information obtained pursuant to me/our acceptance as a volunteer and will not disclose such information to anyone who is **NOT** directly involved with the individuals through Kids at Heart without a release of information or court order. I/We agree at all times and for all time to abide by all applicable confidentiality requirements as outlined in this statement. Any child protection concerns should be addressed with Kids at Heart staff who will report to the proper authorities.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Kids at Heart staff

\_\_\_\_\_  
Date