

Emergency and Medical Information

This information is confidential and will be used only in the event you require assistance. It will not act as a condition of your acceptance into the volunteer program. In the case of injury, Deuxième Vie Creative has limited liability insurance that covers volunteers.

Emergency Contact

First and Last Name _____

Relationship: _____

Phone (cell) _____

(home) _____

(work) _____

Do you require any special accommodations in your work area? Yes No

If so, please describe. _____

Please read the following before you sign.

Permission to use material and photos: I agree to allow Deuxième Vie Creative to take photographs of me and/or my creative work at Deuxième Vie Creative events or at Deuxième Vie Creative. I agree to allow Deuxième Vie Creative to use images of me or my work for Deuxième Vie Creative promotions or other legitimate purposes.

Yes No

Volunteer Release Statement: As a condition of my participation with Deuxième Vie Creative, I hereby release Deuxième Vie Creative and its agents, associates and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

Nondiscrimination Statement: It is the policy of Deuxième Vie Creative to maintain an environment free of discrimination, including harassment. Deuxième Vie Creative prohibits discrimination and harassment against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation or veteran status.

Background Checks: There are some volunteer positions at Deuxième Vie Creative where a Criminal Background Check may be required. I understand that if I refuse to release records, I may not be able to fulfill these position.

I have read and understand the above. If needed, I have asked questions of the Volunteer Coordinator to clarify these statements to my satisfaction.

I agree

Volunteer Signature _____

Date _____

Legal Guardian (if applicant has legal guardian) _____

Legal Guardian Signature _____

Date _____