

Eddie's Club Volunteer Registration

The following information will be used for mailing purposes and emergency use only.
Please fill out completely.

PLEASE PRINT ALL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **EMERGENCY # :** _____

EMAIL: _____

SCHOOL ATTENDING: _____

GRADE LEVEL: _____ **AGE:** _____

OTHER ORGANIZATION AFFILIATION: _____

CHURCH AFFILIATION: _____

HAVE YOU EVER VOLUNTEERED WITH EDDIES CLUB BEFORE? _____

DO YOU HAVE ANY MEDICAL TRAINING: _____

WHAT LANGUAGES DO YOU SPEAK AND UNDERSTAND BESIDES ENGLISH?

SPANISH ___ **FRENCH** ___ **GERMAN** ___ **ASL SIGN** ___ **OTHER** _____

Do you want to receive e-mail reminders about Eddie's Club events: ___ **Yes** ___ **NO**

**DO YOU KNOW OF A GROUP THAT WOULD LIKE TO VOLUNTEER? If so, how can we
contact the group about volunteering?** _____

I authorize Eddie's Club to verify the accuracy of all statements herein and release Eddie's Club from liability in connection with the same. I agree to abide by all relevant Eddie's Club policies and regulations. I also certify that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court of law to receive psychiatric or psychological treatment in connection therewith. Eddie's Club has permission to use my photograph or other image in Eddie's Club publications.

Signature: _____ **Date:** _____

To be completed by Eddie's Club Officer

Received Training _____ Date: _____ Volunteer Coordinator: _____