

A SERVANT'S HEART RESALE BOUTIQUE
VOLUNTEER INFORMATION SHEET

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

ALTERNATE EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HEALTH INFORMATION:

I have the following health issues of which you should be aware: _____

RELEASE OF LIABILITY:

I hereby release A Servant's Heart, A Servant's Heart Resale Boutique, and its officers from any liability arising out of or in any way related to volunteer work I perform at A Servant's Heart or A Servant's Heart Resale Boutique.

Print Name: _____

Signature: _____ Date: _____

I choose **not** to release any health information. Signature: _____

Date: _____