El Paso Children's HOSPITAL FOUNDATION

VOLUNTEER CORPS

All EPCHF Volunteer Corps members are linked by a common goal – to Make a Difference.

Volunteer Registration Form

Date: _____

Complete the following information. Please print:

Please check the box that represents your age group. ☐ **Kids Corps** (Ages 10-12) ☐ **Teen Corps** (Ages 13-17) ☐ **Volunteer Corps** (Ages 18+)

First Name _____**Middle Initial** _____**Last Name** _____

Address _____

City_____ **State** _____ **Zip** _____ **Country**_____

Home Phone (_____)_____ **Cell Phone** (_____)_____

Email Address _____ **Date of Birth** _____

Employer_____ **Referred by** _____ **School District**_____

Emergency contact_____ **Relationship** _____**Phone** (_____)_____

Dietary Restrictions/Allergies_____

T -Shirt Size: Youth - S☐ M☐ L☐ XL☐ Adult - S☐ M☐ L☐ XL☐ XXL☐ XXXL☐

Please briefly list past or present volunteer service:

_____

_____

_____

Please indicate any areas of interests:

- Arts & Crafts
- Event Support
- General Office Support
- Answering Phones/Making Calls
- Data Entry
- Service Learning Projects
- Project C.A.R.E. Support

Do you have any physical disabilities or conditions that might prevent you from certain types of activities?

No☐ Yes☐ If yes, please describe: _____

Submit your completed form to Carolyn Williams via email at CWilliams@elpasochildrens.org, or mail to El Paso Children's Hospital Foundation, ATTN: Carolyn Williams, 303 N. Oregon, Suite 1200, El Paso, TX 79901. Questions? Please call 915-521-7229, ext. 80528

El Paso Children's
HOSPITAL FOUNDATION

In consideration of my participation or the participation of my child in the **El Paso Children's Hospital Foundation Volunteer Corps**, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against the Foundation, it's parent corporation, **EL PASO COUNTY HOSPITAL DISTRICT, D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO ("EPCHD")** , its affiliate(s) of EPCHD, and any other sponsor or provider of the activity, their officers, directors, employees, agents, and volunteers (hereinafter "Releasees") from any and all liability to me, my child, my personal representatives, heirs or assigns, for any and all loss or damage on account of any injury to my person, my child/children or property or resulting in my death or death of my child/children arising out of or related in any way to my participation or my child's/children's participation in the activity.

I expressly release Releasees from any injuries and/or damages that I, or my child may suffer as a participant in the **El Paso Children's Hospital Foundation Volunteer Corps.**, whether caused by active or passive, ordinary or gross negligence.

I further agree to indemnify and hold harmless Releasees from any and all claims, demands or liability in breach or violation of the terms of the Release.

I certify I and/or my child/children am/are physically able to participate in the event.

I grant permission to Releasees to use my name, likeness in any photographic, videographic, electronic, or other record of the **El Paso Children's Hospital Foundation Volunteer Corps.**

This Release is intended to be as broad and inclusive as permitted under Texas or federal law. If any portion or provision of this Release is held to be invalid, I agree that the balance of the Release shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY AFFECT MY LEGAL RIGHTS.

I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.

I AM AT LEAST 18 YEARS OF AGE. (If not 18 years old, please have adult representative complete form)

I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.

Signature of Participant _____ Date _____

Participant Residence Address _____ City _____ State _____ Zip Code _____

Printed Name of Participant _____ Date of Birth _____

In case of **Emergency,**
please contact**:** _____ _____
Printed Name Telephone Number

IF NOT AT LEAST 18 YEARS OF AGE, ADULT REPRESENTATIVE MUST SIGN AND COMPLETE:

Legally Responsible Adult Person (Parent, Guardian, Relative) _____ Date _____

Residence Address of Legally Responsible Person, if different from Participant _____ City _____ State _____ Zip Code _____

Relationship of Participant's representative to Participant _____ Printed name _____

_____ _____
Printed Name Telephone Number