



MYSTIC FORCE FOUNDATION

HEROES HANGOUT

A CHILDHOOD CANCER HAVEN

Volunteer Information Sheet

Name: _____ Birthdate: _____

Home / Cell Phone: _____ Email: _____

Address: _____

City, State Zip: _____

VOLUNTEER INTERESTS (Check all that apply)

I am applying for the **specific volunteer position** of: *(ex., Board of Directors, School Club Leader, Special Event Coordinator, Junior Fundraising Committee, etc.)*

I have **general volunteer interest** in:

- Family Fun Nights @ Nicklaus Children's Hospital
- Family Fun Days @ Joe DiMaggio Children's Hospital
- Heroes Hangout Events
- Gold Ribbon Parade Volunteer
- Hosting my own event
- I'm willing to do **just about anything**. Just ask.

Special Skills: *please list any special training/certificates such as First Aid, CPR, etc.*

Availability: *mornings, afternoon, weekdays, weekends*

Do you have any volunteer experience? If so, please list:

Please list 3 References (Name, Phone # & email)

Have you received the complete Covid-19 vaccine? Y N **MUST SHOW PROOF OF VACCINE**

Emergency Contact: _____

As a Volunteer, I understand that the scope of my relationship with the Mystic Force Foundation is limited to a volunteer position and that no compensation is expected in return for services provided by by me; that The Mystic Force Foundation will not provide any benefits traditionally associated with employment to me; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to the Mystic Force Foundation. I understands that I will be volunteering and working at times closely to children with cancer whom are immuno-compromised and agree to abide by the strict rules of no volunteering under any circumstances if I am ill, have any type of cold symptoms or have been in contact with anyone who is or has been sick in any form. I also acknowledge that photos will be taken at all events and grant and convey to Mystic Force Foundation all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Mystic Force Foundation in connection with my providing volunteer services to the Mystic Force Foundation.

Signature

Printed Name

Date



**Mystic Force Foundation is a 501(c)(3) non-profit public charity dedicated to raising awareness and desperately needed funds for Childhood Cancer Research while keeping children in treatment as happy as possible.
26-2454734**