

# People's Impact Network (PIN)

610 East Main Street # 412, Allen, TX 75002

972-746-2523

**Please print the document, fill in details and bring it to the volunteer session.**

## **Volunteer Registration Form**

### **Volunteer Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### **For Volunteers 18 and under**

Parent/Legal Guardian's Full Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Parent/Legal Guardian's Phone Number: \_\_\_\_\_

Parent/Legal Guardian's Email: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Availability**

[ ] Other: \_\_\_\_\_

### **Special Skills / Interests (Optional)**

\_\_\_\_\_

### **Medical or Physical Conditions (Optional Disclosure)**

\_\_\_\_\_

# People's Impact Network (PIN)

610 East Main Street # 412, Allen, TX 75002

972-746-2523

## Liability Form for Adult Volunteer

This document outlines the responsibilities, expectations, and limitations of liability pertaining to volunteers participating in People's Impact Network events, services, and activities.

### I. Volunteer Expectations

By signing below, I agree to the following:

- I will conduct myself in a professional and respectful manner.
- I will comply with all instructions, safety procedures, and applicable policies set forth by PIN.
- I will not engage in behavior that may be deemed harmful to others, including but not limited to discrimination, harassment, or endangerment.
- I understand that I am not an employee and will not receive compensation or benefits.

### II. Confidentiality

I agree to maintain the confidentiality of all proprietary, personal, or sensitive information I may encounter in the course of my volunteer activities.

### III. Consent to Use of Image

I grant PIN permission to use photos or videos of me taken during volunteer activities for promotional or informational purposes unless I explicitly opt out in writing.

### IV. Assumption of Risk and Waiver of Liability

I acknowledge that volunteering may involve physical activity, exposure to various environments, or interaction with the public, and that these inherently carry risk.

I understand and agree that:

- I participate voluntarily and at my own risk.
- PIN, its officers, employees, and agents are **not responsible for any injury, illness, loss, or damage** that may occur during or as a result of my participation.
- I release and discharge the organization from any claims or liabilities, to the fullest extent permitted by law.

### V. Medical Treatment Authorization

In the event of an emergency, I authorize PIN to seek medical treatment on my behalf if I am unable to communicate. I understand that I am responsible for any medical expenses incurred.

**Signature :**

Date: \_\_\_\_\_

# People's Impact Network (PIN)

610 East Main Street # 412, Allen, TX 75002

972-746-2523

## Parental/Guardian Consent & Authorization for Minor Volunteer

This document outlines the responsibilities, expectations, and limitations of liability pertaining to minor volunteers participating in People's Impact Network events, services, and activities.

### I. Volunteer Expectations

By signing below, Parent/Guardian agree to the following:

- Volunteer will conduct themselves in a professional and respectful manner.
- Volunteer will comply with all instructions, safety procedures, and applicable policies set forth by PIN.
- Volunteer will not engage in behavior that may be deemed harmful to others, including but not limited to discrimination, harassment, or endangerment.
- Volunteer is not an employee and will not receive compensation or benefits.

### II. Confidentiality

Volunteer will agree to maintain the confidentiality of all proprietary, personal, or sensitive information I may encounter in the course of my volunteer activities.

### III. Consent to Use of Image

Volunteer grants PIN permission to use photos or videos of me taken during volunteer activities for promotional or informational purposes unless I explicitly opt out in writing.

### IV. Assumption of Risk and Waiver of Liability

Understand and acknowledge that volunteering carries inherent risks, and I assume all risks associated with my minor child's participation. I release PIN, its officers, employees, and agents from any liability arising from my minor child's participation, to the fullest extent permitted by law.

### V. Medical Treatment Authorization

Authorize PIN to seek emergency medical treatment for my minor child, if necessary, when I cannot be reached. I understand that I remain responsible for any medical expenses incurred.

**Signature of Parent/Guardian:**

Date: \_\_\_\_\_