



North Florida Educational Institute Volunteer Form



Date: _____ School Year: _____ ___Fall ___Winter ___Summer

Note: All volunteers must complete a local background screening.

Name _____

Date of Birth _____ Social Security # _____ Sex ___M___F

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

Email _____

Emergency Contact:

Name _____ Phone Number () _____

Relationship to Volunteer _____ Religious Affiliation _____

Additional Emergency Contacts:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency:

Name of Physician _____ Phone Number () _____

Hospital Preference _____ Phone Number () _____

Name of Dentist _____ Phone Number () _____

Health Insurance Company _____ Policy Number () _____

Illnesses/Allergies (Explain):

Describe any medication or special diet:

Admission is offered regardless of race, sex, religion, or ethnic origin.

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Any physical Restrictions:

Describe any Disabilities:

PERMISSION /RELEASE OF INFORMATION/ACKNOWLEDGEMENT

Medical Release:

In the event of an emergency in which I am unable to give consent, and if all efforts made to reach responsible persons are unsuccessful, I authorize NFEI to take me to the local emergency room and to be treated by the attending physician. I understand that a copy of this slip will accompany me and that continued efforts will be made to reach my emergency contact. I agree to assume all financial obligations incurred for treatment.

Signature _____

Date _____

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