



# North Florida Educational Institute Volunteer Form



Date: \_\_\_\_\_ School Year: \_\_\_\_\_ \_\_\_Fall \_\_\_Winter \_\_\_Summer

**Note: All volunteers must complete a level 2 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:

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Describe any Disabilities:

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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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