

The Golden Rule Foundation Volunteer Interest Form

(Please Print, Complete, and Fax to 407-647-1847)

First Name: _____ **M.I.:** _____ **Last Name:** _____

Mailing Address: _____

Work Phone: _____ **Home Phone:** _____

Fax: _____ **E-mail Address:** _____

Date of Birth _____ **Male** **Female** **Do you have a disability? Yes** **No**

Please list any skills, hobbies, or interests: _____

Emergency Contact Name: _____ **Phone:** _____

Relationship: _____

Volunteer Interest Areas:

In-class teaching

Community project participation

Fund-raising

Other: _____

INFORMED CONSENT

I wish to volunteer my services to The Golden Rule Foundation (GRF). I understand that the nature of the volunteer activities which are typically performed by GRF volunteers and which may be performed by me as a GRF volunteer may involve physical activities, contact with unidentified and unfamiliar persons and foreign and unidentified substances, travel to and from various unspecified locations, and other potential risks of physical injury (including death). Knowing this, I wish to volunteer and assume all risk with respect to any accidents or injuries to person or property that I may sustain or that my child or ward may sustain, before, during, or after any GRF related activity. In addition, I hereby release and forever indemnify GRF, its directors, officers, employees, community partners, sponsors, volunteers, affiliates, agents, designees, and successors from any and all liability or responsibility, including claims based upon the action, inaction, or negligence of any of the released parties for any such damage to property, injury, or death. I agree that I will only perform volunteer activities that I am comfortable doing. Understanding that GRF is an entity that sometimes aids organizations that assist children, I hereby affirm that I have never been convicted of child abuse or neglect, child pornography, child abduction, rape, or any sexual offense, nor have I ever been ordered by any court to receive psychiatric or psychological treatment in connection therewith. I grant GRF the right to photograph, videotape, and interview me, my child, or ward, before, during, or after the volunteer activity and give it full and perpetual permission to use resulting pictures, depictions, images and quotes in its accounts and promotions for no financial consideration whatsoever. If I do not fully comprehend this statement I will seek legal advice before signing.

Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____
(if a minor)

Thank you again for your time and commitment in assisting
The Golden Rule Foundation in "inspiring children to give to others".

Please return to: The Golden Rule Foundation, 225 S. Swoope Avenue, Suite 107, Maitland, FL 32751