

Brisbane Village Helping Hands Volunteer Information



Name _____ Date _____

Address _____

Telephone(s) _____ Email _____

Date of birth _____

Languages spoken (other than English) _____

Personal References:

Name _____ Telephone _____

Name _____ Telephone _____

Emergency Contact Information:

Name _____ Relationship _____ Tel _____

Driver Information for Volunteer Drivers:

Driver's License Number _____ Expiration Date _____

Insurance Company _____

Policy Number(s) _____ Renewal Date (s) _____

Auto Year/Make/Model/License Number:

1. _____

2. _____

PLEASE PROVIDE PROOF OF COMPLETE COVID-19 VACCINATION

I understand that as a Volunteer for Brisbane Village Helping Hands, I am responsible for carrying my own liability insurance; therefore, Brisbane Village Helping Hands, its directors and board members are released from all liability with respect to my active volunteer status for Brisbane Village Helping Hands.

Signature _____ Date _____