

National Arab-American Service Day Volunteer Registration Form

Please e-mail completed form to HEND Hourani at hhourani@accesscommunity.org.

Participant Information

Name: _____ Title: __Mr. __Mrs. __Ms./Miss __Dr.
Last First

Address: _____ City, State, Zip: _____

Day Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Gender (optional): __ Male __ Female

Age: __ Under 18 __ 18 – 24 __ 25 – 30 __ 31 – 40 __ 41 – 50 __ 51 – 60 __ 61+

Education and Employment Information:

Current Employer or School: _____

Grade: (If a student) _____

Emergency Medical Attention Information

Medical Concerns: Please describe any medical/physical conditions which the Service Day staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medications.

Emergency Contacts: Please list two emergency contacts:

Name: _____ Relationship: _____ Day Phone: (____) _____

Name: _____ Relationship: _____ Day Phone: (____) _____

Parent/Guardian Information (if participant is under 18)

Name of Parent/Guardian: _____

Address: _____

City, State Zip: _____

Day/Cell Phone: (____) _____ Email: _____

Please let us know how you heard about National Arab American Service Day :

School Work Friend/family member Poster/flyer Community Center/Organization

Online/Website: _____ Other: _____

National Arab-American Service Day Volunteer Release Form

INFORMED CONSENT FOR PARTICIPANT WAIVER

I, _____, understand that I am spending time as a volunteer for the National Arab-American Service Day organized by ACCESS and their service partners; Gleaners in Taylor and Detroit, and Focus: Hope in Detroit. I understand that I am responsible for my behavior, and I will only perform volunteer work or participate in activities that I am comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance of my participation in the National Arab-American Service Day I, for myself and anyone entitled to act on my behalf, waive and release ACCESS, their service partners and/or sponsors of any project, event or function, from all claims or liabilities, of any kind whatsoever, including transportation to and from ACCESS or between service sites, arising from, whether directly or indirectly, my participation in the National Arab-American Service Day projects.

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

The National Arab-American Service Day and the participating partners committed to furthering the discussion and growth of national service in the public realm. As such, I grant permission for the National Arab-American Service Day partners to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage, or other uses either associated with the program, project, event, function, or otherwise.

I hereby agree to allow National Arab-American Service Day partners to use any photograph and/or likeness of myself at any time during my participation in the program or thereafter, without prior approval. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Participant (18 and over)

Date

Parent/Guardian - Complete section below if the volunteer is under 18

I, _____, being the parent/legal guardian of _____, a minor, consent to the above waiver and publicity release on for my child. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of an accident or illness, I grant ACCESS, staff members, and service partners the power to authorize emergency medical treatment necessary for my child. I also give permission for ACCESS and their service partners to transport my son/daughter on a bus on all service projects inside the Metro Detroit area.

Signature (Parent/Guardian)

Date