



## Volunteer Application

Thank you for volunteering with BeBetterU. It is our mission to instill lifelong values of volunteerism and philanthropy in children of all ages through service projects that benefit the local and global community. Please complete this form and return it to a BeBetter U Volunteer Coordinator.

To ensure that you have a meaningful experience, BBU asks that you:

- Be responsible for arriving on time
- Be encouraging and have a positive attitude
- Be sensitive to procedures and special needs
- Be flexible in working with new ideas or situations
- Be focused on the task at hand (personal cell phones, etc. are to remain for emergency use only)
- Be courteous, supportive and please refrain from using profanity or unkind language

Participant Name: \_\_\_\_\_ Gender: M F  
Last First

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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Parent/Guardian Information: \_\_\_\_\_

Last name

First name

Address if different from above: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information – Special Note:** This information alerts our volunteer supervisors to any special medical conditions that participant may have, rather than learning about them in a crisis. In the event of serious injury or illness, this information provides emergency medical personnel with useful medical history. The information on these forms will be kept confidential.

1. Medical Insurance: Company Name: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Physician Name: \_\_\_\_\_
2. Does the participant have any allergies? (List any medications, food, animal, insect or environment allergy)  
\_\_\_\_\_
3. Are there any medical or physical limitations that would keep the participant from engaging in any activity?  
\_\_\_\_\_
4. If necessary to relieve pain or allergic reaction, may we administer:  
A non-aspirin product    yes / no                      an allergy reliever    yes / no

Emergency Contact (other than the parent/guardian list on the previous page)

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Additional space to share information about the participant:

**Emergency Authorization**

I certify that this participant is physically, mentally, and emotionally fit to participate in BeBetterU Dream Ranch activities. I have listed all known physical conditions which might affect their level of participation. In case of accident, injury, or illness, after every reasonable effort has been made to contact parent/guardian, I hereby give permission to the physician selected by BeBetter U Dream Ranch to secure the necessary diagnosis and treatment for the participant herein described. I have not been guaranteed the results of the examination or treatment. Further, I release BeBetter U Dream Ranch and its officers, directors, representatives, employees and volunteers from any responsibility, liability, or claims for personal injury, damages, accident, or illness incurred by him/her arising from or related to their participation in any activity associated with BeBetter U Dream Ranch activities.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I hereby consent to and authorize the use and reproduction, in print or electronic format by BeBetter U Dream Ranch Inc. or anyone authorized by BeBetter U Dream Ranch Inc., of any and all photographs which have been taken for any publicity purpose, without compensation. All images--electronic, negatives and positives, together with the prints, are owned by BeBetter U Dream Ranch.

I hereby acknowledge that I have read and understood the terms of this release.

Name/signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_