VOLUNTEER REGISTRATION

R 403 (R2002-05)

FOR OFFICE USE ONLY
REGISTRATION NUMBER

PROGRAM / LOCATION / EVENT YOU ARE REGISTERING FOR	TODAY'S DATE YYYY MM DD

LAST NAME (PLEASE PRINT)	FIRST NAME	INITIALS	HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
			—	—

STREET ADDRESS	CITY

PROVINCE	POSTAL CODE	E-MAIL ADDRESS
	—	

Are you a US Citizen?	AGE (PLEASE CHECK)
☐ YES ☐ NO	☐ SENIOR ☐ ADULT ☐ YOUTH

Do you have a medical condition/disability that we should be aware of? ☐ YES ☐ NO

If yes, please ensure you complete **"Emergency Information Card" R 1147**.

In the event of an emergency, contact: _____ (NAME) _____ (RELATIONSHIP) _____ (TELEPHONE NUMBER)

Are you required to drive your vehicle as part of your volunteer assignment? ☐ YES ☐ NO

If yes, please complete a **Volunteer Automobile Driver Authorization Form**.

Have you worked previously as a registered volunteer for any BSB EMS program/location/event? ☐ YES ☐ NO

If yes, please indicate location/program/event and the year(s) in which you volunteered.

1) _____ (LOCATION / PROGRAM / EVENT) _____ (YEARS)

2) _____ (LOCATION / PROGRAM / EVENT) _____ (YEARS)

REFERENCES

NAME	RELATIONSHIP TO APPLICANT	DAYTIME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
1.			
2.			

Have you any criminal conviction for which a pardon has **NOT** been granted? ☐ YES ☐ NO

Please note: Security reference check will be conducted as required.

PLEASE READ CAREFULLY

- I acknowledge that as a volunteer, I am not covered under The Bulverde Spring Branch EMS Workers' Compensation Plan.
- I acknowledge and hereby irrevocably authorize that, in the event of me being physically, bodily injured during any of my activities as a registered BSB EMS volunteer, BSB EMS shall be permitted to obtain copies of any of my relevant health records as it may request. I shall execute any authorization for Release of Health Records as BSB EMS considers necessary, and my failure to do so will result in the automatic suspension of any claim I may have. A claim will automatically terminate if I rescind a release.
- I hereby certify that I will make known to BSB EMS any Criminal Record (other than Traffic Violations) and the details of such conviction(s). Crimes for which official pardons have been granted pursuant to the Criminal Records Act R.S.C. 1970 need not be disclosed.
- I agree to carry out my assigned volunteer tasks in a reasonable and safe manner.
- The purpose of collecting this information includes: determining eligibility for volunteer opportunities, programs, services, and recognition, to facilitate your registration process, to administer and evaluate our volunteers and programs, statistical purposes and to activate the Volunteer Accident Insurance coverage. This information may be shared with other volunteers and volunteer supervisory staff. If you have any questions regarding the collection of information, you may contact the Volunteer Services Coordinator at (830) 980-9435.

VOLUNTEER'S SIGNATURE	DATE YYYY MM DD

SIGNATURE OF PARENT OR LEGAL GUARDIAN REQUIRED HERE IF UNDER 18	DATE YYYY MM DD

SUPERVISOR'S SIGNATURE	SUPERVISOR'S NAME (PLEASE PRINT)	DATE YYYY MM DD

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