



VOLUNTEER REGISTRATION

Thank you for your interest in volunteering for the Bulverde Spring Branch Activity Center!

First & Last Name _____

Email _____

Street Address _____

City, State & Zip _____

Preferred Contact Phone Number _____

Date of Birth : _____

How did you hear about us? Newsletter

Website

Other, please specify _____

Which area(s) are you interested in assisting?

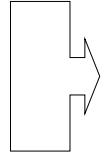
- Kitchen/Meals on Wheels Driver
- Front Desk/Office Assistance
- General Maintenance/Repairs
- Lawn work
- Gift Shop

Which area(s) are you interested in assisting?

- BBQ Cook-off (February)
- Gala (April)
- Style Show (July)
- Jubilee & Craft Show (November)
- Other

What is your availability?

- Weekdays, 9:00am-12:00pm
- Weekdays, 12:00pm-4:00pm
- Weekdays, 4:00pm-6:00pm



- Monday Tuesday Wednesday Thursday Friday
- Monday Tuesday Wednesday Thursday Friday
- Monday Tuesday Wednesday Thursday

Specific dates (school breaks, etc.) _____

Please review and sign page 2.

**For more information regarding volunteer opportunities, please contact Beth Collier at
bcollier@bsbac.com or 830-438-3111**

Please Note

Volunteers may have access to written or computerized member information depending on the duties performed. All member and Meals on Wheels client information is confidential. Federal and state laws govern when and how we may release personal information.

Agreement

I hereby waive all claims against the Bulverde Spring Branch Activity Center, sponsors, or any personnel from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my volunteer participation. I also grant full permission for organizers to use photographs, films or videos of me and quotes from me in legitimate accounts and promotions of this event.

I agree to the above statement (*You must agree in order to volunteer.*)

Signature

Date

Printed Name

VOLUNTEER EMERGENCY CONTACT INFORMATION

Information obtained will be used in case of an emergency at the Bulverde Spring Branch Activity Center.

All information will be kept confidential.

FULL NAME: _____ NICKNAME: _____

ADDRESS: _____

PHONE: _____

SPOUSE: _____ DAYTIME PHONE _____

EMERGENCY CONTACT #1(NOT SPOUSE)

RELATIONSHIP

CELL PHONE

EMERGENCY CONTACT #2 (NOT SPOUSE)

RELATIONSHIP

CELL PHONE

If you fall and are unable to get up on your own accord, 911 will be called and an ambulance will be requested. The Bulverde Spring Branch Activity Center staff will not lift you or allow others to lift you. This is for your safety and the safety of others. We do not know what type of injuries that have been sustained and we do not want to take any chances of injuring you further. The Bulverde Spring Branch Activity Center is not responsible for payment of EMS service. If you fall or are injured and are able to get up and seem fine, the Bulverde Spring Branch Activity Center requests that you go to your physician or the Emergency Room to assure that there are no underlying injuries. An accident/incident report will be filed, and you will be required to sign, if possible.

If 911 is called, we will contact the persons listed as emergency contacts and make them aware of the situation. For your peace of mind please make sure that you have arranged for Medical Power of Attorney (Available at the Hospital) and that you have listed contacts that have knowledge of your medical history, are nearby or have the information to contact your next of kin. Keep in touch with your family and update them on any changes you make such as, change in physicians, etc.

Client Signature

Date