



## Volunteer Registration Form

Note: The information below may be used to run a background check

Name (First, MI, Last): \_\_\_\_\_

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

Social Security # \_\_\_\_\_

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

\_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers Licence #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Expertise/licensure/Certification: \_\_\_\_\_

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

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

I authorize a representative of Special Reach to seek medical attention and grant staff permission to treat me. I will not hold Special Reach Inc. staff liable for any accidental injury incurred during Special Reach activities. I also give permission for photographs or video of me to be used by Special Reach Inc. to portray and/or promote Special Reach activities.

\_\_\_\_\_

Signature/Date