

1025 Main, #D114
Great Bend, KS 67530
Office: 620-792-1614
Fax: 620-793-7689
E-mail: volunteersinaction@bartonccc.edu



VOLUNTEER REGISTRATION FORM

Date: _____

GENDER* M F

*Required Information

NAME: * _____ BIRTHDATE :* _____

ADDRESS:* _____ RETIRED? Y / N

CITY* _____ ST* _____ ZIP* _____

PRIMARY TEL#*: _____ CELL / LANDLINE ALTERNATE TEL#: _____ CELL / LANDLINE

EMAIL: _____ TWITTER: _____

*BEST WAY TO CONTACT: EMAIL TEXT PHONE MAIL FACEBOOK HOURS A MONTH AVAILABLE TO VOLUNTEER _____

DO YOU DRIVE? YES NO ARE YOU INSURED: YES NO

<p>CURRENT OR PRIOR PLACE OF EMPLOYMENT _____</p> <p>JOB TITLE _____</p> <p>JOB DUTIES _____</p> <p>DO YOU LIKE WHAT YOU DO? WHY OR WHY NOT? _____</p> <p>SPECIALIZED SKILLS (Examples: fundraising, marketing, computer use, web design) _____</p> <p>TOOLS/EQUIPMENT USED (Examples: large machinery, special computer software, construction site tools) _____</p> <p>IF YOU COULD HAVE THE JOB OF YOUR DREAMS, WHAT WOULD IT BE? _____</p> <p>I CURRENTLY VOLUNTEER FOR _____</p> <p>NAME THREE ORGANIZATIONS YOU WOULD SUPPORT IF MONEY AND TIME WEREN'T AN ISSUE.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Areas of Interest / Traditional Volunteer Opportunities

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Baking | <input type="checkbox"/> Building a House | <input type="checkbox"/> Clean-up | <input type="checkbox"/> Clerical (secretarial) |
| <input type="checkbox"/> Delivering Meals | <input type="checkbox"/> Fixing Things | <input type="checkbox"/> Mentor/Tutor | <input type="checkbox"/> Providing Rides |
| <input type="checkbox"/> Serving Meals | <input type="checkbox"/> Other (please specify) | | |

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Beneficiary for Complimentary Volunteer Insurance
(Use next of kin, spouse, child, etc.)

There is a supplemental accident policy that will cover all volunteers during your volunteer work if you are registered in our volunteer database. You will also receive a supplemental liability and excess auto liability insurance that covers you while you are doing your volunteer work.

Name: _____ Telephone: _____ Relationship _____
Address: _____ City /State / Zip _____

I, _____, volunteer my services through the Volunteers In Action Program and understand that I am not an employee of the Barton Community College. I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by the state of Kansas.

I, the undersigned, release Volunteers In Action and Barton County College, their trustees, directors, agents and employees, from any liability, claims and demands, whether known or unknown, arising out of the participation by the undersigned in the Volunteers In Action. The undersigned further agrees to indemnify and hold harmless the Volunteers In Action and Barton Community College, their trustees, directors, agents and employees, from any such liability, claims and demands.

X _____ Date _____

*Signature of Volunteers In Action Volunteer

X _____ Date _____

*Signature of Volunteers In Action Director

Thank you... for your volunteerism! You are enhancing the lives of those in your community with every small act of kindness.

For up to date information on what we are doing, like us on Facebook!

<https://www.facebook.com/volunteersinactionpage>



Or scan this QR code using your smartphone.

