



Information Sheet for Volunteer Services

Name _____ Application Date _____

Address _____

Telephone Number _____ E-mail _____

Please check which service best describes your volunteer expertise.

- Clerical
 Special Event
 Tutor
 Maintenance
 Other

<u>Date</u>	<u>Task Completed</u>	<u>Hrs. Completed</u>	<u>Initial</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release Form

I hereby release the Florida Baptist Children's Homes, from any claims, if injured, while volunteering at the _____.
Campus Name

 Name-printed or typed

 Date

 Signature/Guardian Signature