



## Volunteer Registration Form

The information requested on this form is necessary in case of injury. For the purpose of this Stand Down, all volunteers will be covered under the volunteer insurance from the Klamath & Lake Counties Stand Down. This information will only be used for insurance and statistical purposes as deemed necessary by the Stand Down Committee and will not be released for any other purposes.

Name (Please Print)	Date of Birth	Telephone
Street/Mailing Address	City State	Zip Code

**Klamath & Lake Counties Stand Down Assignment Preference (Please circle 1st and 2nd choices.)**

Security Food Services/Cook/Server/Water Runner Registration Table/statistics Surplus Escort  
 Clean-up Crew Set-up Crew Tear-down Crew Legal Spiritual/Other Counseling  
 Outreach Service Provider Logistics Housing Transportation services Veteran Service Organization

Availability (Days & Times): Can you Type? Yes No

Are you under a doctor’s care or taking medication that limits your ability to volunteer at this event? Yes No  
 If yes: Please explain:

In case of emergency: Please notify: Phone:

**PRIVACY ACT INFORMATION:** The concerns of the Privacy Act, public law 93-570 OF 1974 have been explained to me. I understand all volunteers are covered under this act: that unlawful disclosure of patient related information to unauthorized individuals is against the law and the individual(s) is subject to a \$5,000 fine. I hereby wave all claims to monetary benefits for services rendered as a volunteer worker on a “without compensation basis.” I understand that the waiver applies only to compensation for specific services rendered as a volunteer for Klamath & Lake Counties Stand Down and has no relation to any compensation for other services or benefits to which I may be entitled.

Signature Date

\*Youth Volunteer Parent Approval (if individual is under 18 years of age. Signature releases student to work in volunteer capacity at the Stand Down).