

# COMMUNITY ACCESS Naperville

## Volunteer Application

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

What is the best way to reach you?  email  home phone  cell phone

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Person's cell phone: \_\_\_\_\_

Emergency Contact Person's home phone: \_\_\_\_\_

Alternative Emergency Contact Person: \_\_\_\_\_

Alternative Emergency Contact Person's phone: \_\_\_\_\_

### Medical Aid Authorization

In the event of an emergency, and I am unable to communicate, I understand and authorize Community Access Naperville staff and volunteers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if volunteer is younger than 18)

\_\_\_\_\_  
Date

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## Photo/Video Release Form

I hereby give permission for my images, captured during Community Access Naperville sessions through video, photo and digital camera, to be used solely for the purposes of Community Access Naperville or First Congregational United Church of Christ, Naperville's promotional material and publications, and I waive any rights of compensation or ownership thereto.

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Signature of employee or volunteer

Date

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Signature of parent or legal guardian of participant  
Or parent of volunteer under age 18

Date

## Permission to Transport

I grant permission for Community Access Naperville staff members or parent volunteers to transport myself or my child to programmed outings when planned destinations are not reachable by foot or public transportation, or when weather conditions make it too difficult for the group to walk or utilize public transportation.

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Signature of employee or volunteer

Date

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Signature of parent or legal guardian of participant  
Or parent of volunteer under age 18

Date

## Liability Release Form

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against Community Access Naperville, including its officials, agents, volunteers, and employees.

I do hereby fully release and forever discharge Community Access Naperville from any and all claims for injuries, damages or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with this program.

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Signature of employee or volunteer

Date

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Signature of parent or legal guardian of participant  
Or parent of volunteer under age 18

Date