



Volunteer Event Registration

Volunteer Full Name : _____

Phone Number: _____

Email: _____

Event Name and Date October 4th 2025 Trunk or Treat Health Fair/Flu Clinic

Birthday: _____

Volunteer Terms and Conditions

1. Volunteers have been notified that participants involved in Friends of Family Health Center's event are subject to being photographed or videotaped, and he/she hereby gives permission for Friends of Family Health Center to use such photographs or videotapes to publicize and promote its services.
2. Friends of Family Health Center is not responsible for loss, theft, or damage to Volunteer property.
3. Friends of Family Health Center and Volunteer shall be structured as mutual indemnification; each party agrees to indemnify and hold harmless each other for all losses, damages, or liabilities arising from the volunteer's participation.
4. Friends of Family Health Center reserves the right to terminate the Volunteer at its discretion.

Volunteer Signature: _____

Date: _____

If Volunteer is a Minor (>18 years of age)

Parent/Guardian Signature: _____