



Tippecanoe County Historical Association Volunteer Information Form

Thank you for your interest in volunteering for the Tippecanoe County Historical Association (TCHA). Volunteers provide essential services to many of our projects and we wish to welcome you as a valued member of our volunteer team.

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Alternative Phone
Number: _____

Email: _____

Emergency Contact
Name: _____ Relationship: _____

Emergency Contact
Phone Number(s): _____

Please note that due to insurance regulations, we cannot accept volunteers less than 13 years of age. Additionally, federal & insurance regulations limit the type of work volunteers under 18 years of age can perform.

This is to certify that I desire to volunteer my services and acknowledge that I will not be compensated for these services. I also understand that as a volunteer I perform services at my own risk and am not covered under employee benefits programs including workers' compensation.

NON-DISCLOSURE AGREEMENT

During the course of my volunteer status with the TCHA I acknowledge that I may come in contact with various types of confidential information. During and after the term of my volunteer status, I will not use, disclose or transfer any confidential information; either internally with TCHA or externally except as directed to do so by TCHA.

Volunteers Signature

Date

Please indicate your preferred days and times to volunteer below.

| | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> am | <input type="checkbox"/> am | <input type="checkbox"/> am | <input type="checkbox"/> am | <input type="checkbox"/> am | <input type="checkbox"/> am |
| <input type="checkbox"/> pm | <input type="checkbox"/> pm | <input type="checkbox"/> pm | <input type="checkbox"/> pm | <input type="checkbox"/> pm | <input type="checkbox"/> pm |

Date of Birth: _____

CONTINUES ON THE REVERSE 

Emergency Medical Information for: _____

Volunteer's name

In case of an emergency, please contact:

Name: _____ Relation: _____

Address _____ Phone: _____

City: _____ State: _____ ZIP: _____

The following information may be provided to any hospital or medical practitioner not having access to the Volunteer's medical history:

Allergies (medicine, food, etc.): _____

Medications currently taking: _____

Date of last tetanus shot (good for 8-10 years): _____

Physical Impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

_____ Phone: _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

As a condition to volunteering my time, I agree to hold the TCHA officers, employees, volunteers, agents and members harmless from any and all claims, demands, liability, loss and damage of any kind and nature if I am injured or incur any physical impairment or sickness as a result of any activity I undertake as a volunteer of, or under the guise of volunteering at or for the Tippecanoe County Historical Association.

I certify that this information is true and accurate to the best of my knowledge, and that I have read and understood this Application.

Signed _____ **Date** _____

FOR INDIVIDUALS UNDER 18 YEARS OF AGE:

Please have a parent or guardian sign below:

I give permission for my child to participate in the TCHA Volunteer Program.

Parent/Guardian Signature

Print Name

Date

Contact address and phone number if different from minor. () _____