



## SPECIAL PERFORMERS

140 Thistle Hill ★ Riegelsville, Pa. 18077  
(800) ★ e-mail- info@specialperformers.org  
[WWW.SPECIALPERFORMERS.ORG](http://WWW.SPECIALPERFORMERS.ORG)

### Volunteer Registration & Questionnaire

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have any previous experience working with individuals with special needs?  
Please briefly explain. \_\_\_\_\_

\_\_\_\_\_

What are your interests, hobbies, professional skills? We are always finding new  
ways to make your volunteering experience rewarding for you and optimally useful  
to us. \_\_\_\_\_

\_\_\_\_\_

Are there any jobs you do not wish to do? \_\_\_\_\_

\_\_\_\_\_

How did you find out about our organization? \_\_\_\_\_

\_\_\_\_\_

Do you have any additional comments or questions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No person will be accepted for volunteering Special Performers until this form has been completed by the individual, if over 18, or a parent or guardian, if under 18, and returned to the Special Performers.

Volunteer's Name: \_\_\_\_\_  
Parent or Guardian if under 18: \_\_\_\_\_  
Daytime Phone, if different from previous page: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to Volunteer: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Do you have any allergies? \_\_\_\_\_  
Do you have any medical conditions requiring precautions or treatment? \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_

In case of medical emergency, the undersigned authorizes Special Performers to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and /or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending of a special consent form from the undersigned.

No liability can be accepted by any of the organizations concerned including Special Performers.

\_\_\_\_\_  
Volunteer Signature (if over 18) Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18) Date

## Liability Release

I, \_\_\_\_\_ would like to participate at Special Performers as a volunteer. I acknowledge that there are inherent risks. I agree to be bound for myself (or my son or daughter, if volunteer is under 18) and hold Special Performers, its Board of Directors, instructors, aids, students, employees, and volunteers, and the township of Doylestown, its employees, supervisors, and associates harmless of any claim for damages, loss, or injury while with the Special Performers.

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Volunteer Signature (if over 18)

Date

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Parent or Guardian Signature (if under 18)

Date

## Confidentiality Release

Special Performers shall preserve and respect the right of confidentiality for all our individuals in our program. The volunteers and staff of Special Performers must keep confidential any and all medical, social, referral, personal, and financial information regarding individuals and their families in our program. The Executive Director of the program will address any breach of confidentiality.

I, \_\_\_\_\_, understand and agree to abide by the confidentiality policy of Special Performers.

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Volunteer Signature (if over 18)

Date

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Parent of Guardian Signature (if under 18)

Date

## Photo Release

Special Performers uses photographs and audio-visual materials for promotional purposes, teaching seminars, and exhibition display. If you **DO NOT** want yourself (or your son or daughter, if volunteer is under 18) included in our photographs and audio-visual materials, please sign below.

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Volunteer Signature (if over 18)

Date

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Parent or Guardian Signature (if under 18)

Date

