

Volunteer Accident Policy Enrollment Form

Member Information

Member Name _____

Address _____

Contact _____ Email _____ Phone _____

Do you currently have an accident policy for volunteers? Yes No

Volunteer Information

Check all if applies

Club/Recreation/Camp Volunteers

Number of volunteers _____

Overnight camp Yes No

Duration of Club/Recreation/Camp Programs _____ weeks

Estimated program participants per session _____

Provide a brief description of Club/Recreation/Camp Program activities

Sports & Coach Volunteers

Number of volunteers _____

Estimated program participants per session by age group

Fill in number of participants by age group

Sport	Duration of Sport	12 & Under	13-15	16-18	Over 18

Day Care Volunteers

Number of volunteers _____

Estimated program participants per session _____

Provide a brief description of Day Care Program activities

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Hospital Volunteers

Number of volunteers _____

Estimated program participants per session _____

Provide a brief description of Hospital Program activities

Event Organizer Volunteers

Number of volunteers _____

Number of events a year _____

Estimated program participants per session _____

Provide a brief description of event activities

General/Other Volunteers

Number of volunteers _____

Estimated program participants per session _____

Provide a brief description of event activities

Enrollment Form completed by _____ (print name)

Signature

Date