



DOOR VOLUNTEER HEALTH FORM

While every attempt is made to make the DOOR program a safe and fun experience, there is always the chance that volunteers will need medical care. Accidents can and do happen while at the job site, during recreational activities, during free time and during the trip to and from Chicago. The DOOR program has no medical insurance for DOOR volunteers. We ask that group leaders check to make certain each participant (youth and sponsor) has medical insurance and has filled out the following form. For all youth, this form needs to be completed and signed by the parent or guardian. **This completed form must be brought along to DOOR.**

Name of Participant _____ Home Phone _____

Name of Parent/Guardian _____ Work Phone _____

Family Doctor _____ Phone Number _____

Record of Immunizations: Check if protected.

___ Small pox ___ Whooping Cough ___ Typhoid Fever

___ Diphtheria ___ Poliomyelitis _____ Date of last TETANUS shot

Has the participant seen a doctor within the past year? If so, explain.

Please list any medications participant will be taking on the trip.

Does participant have any allergies to drugs, food, etc.? If so, please list.

Insurance Company _____

Carrier: _____ Policy # _____ Group # _____

I, the undersigned, hereby state the above to be true and accurate to the best of my knowledge, and IN CASE OF EMERGENCY, give my permission to the physician or hospital selected by the DIRECTOR to secure proper treatment, to hospitalize and to order injections, anesthesia or surgery for the above named participant.

DATE _____ SIGNATURE _____
(parent/guardian for youth)



DOOR VOLUNTEER WAIVER FORM

*DOOR partners with non-profit agencies, schools, and organizations to provide service opportunities. Many of our agencies require parental permission for those under the age of 18. The below is giving permission to work in all the agencies that DOOR partners with. Also, **DOOR requests permission to take and use pictures of all participants, regardless of age.** The below is also giving permission to use pictures and video of participants. **This completed form must be brought along to the city for each person in the group.***

Name of Participant: _____ DOB: ___/___/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Participating with (name of church or group): _____ City _____ State _____

Group Leader(s) Name(s): _____

Partner Agencies:

I give _____ my permission to serve in the agencies with which DOOR partners. I understand and assume the risk and agree to not hold these agencies, their employees or volunteers liable for injury or illness.

In addition, if one of the partnering agencies needs a signed form on file, I agree that _____ can sign on my behalf.

Signature of Guardian

Date

Permission for Video and Pictures:

The volunteer and guardian do hereby grant and convey unto DOOR all right, title and interest in any and all photographic images and video or audio recordings made by or at the request of DOOR during the Volunteer's Activities with DOOR, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Signature of Guardian

Date