

# Brisbane Village Helping Hands Volunteer Information



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Languages spoken (other than English) \_\_\_\_\_

## Personal References:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_

## Driver Information for Volunteer Drivers:

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ Renewal Date (s) \_\_\_\_\_

## Auto Year/Make/Model/License Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

I understand that as a Volunteer for Brisbane Village Helping Hands, I am responsible for carrying my own liability insurance; therefore, Brisbane Village Helping Hands, its directors and board members are released from all liability with respect to my active volunteer status for Brisbane Village Helping Hands.

Signature \_\_\_\_\_ Date \_\_\_\_\_