



One Day Volunteer Pass

Boys & Girls Clubs of Palm Beach County, INC.

Personal Information – Please print or type legibly

<u>Name:</u>	<u>Phone:</u>
<u>Group affiliation:</u>	<u>Email:</u>

Boca Raton Boys & Girls Club	Glades - Pioneer Park Elementary School
Delray Beach Boys & Girls Club	Glades – Gove Elementary School
Marjorie S Fisher Boys & Girls Club	Glades – Glade View Elementary School
Neil S. Hirsh Boys & Girls Club, Wellington	Glades – Canal Point Elementary School
Florence De George Boys & Girls Club	Glades – Belle Glade Elementary School
Max M. Fisher Boys & Girls Club	
Glades - Teen Center – Smith and Moore Family	
Glades - Rosenwald Elementary School	

Volunteer Release of BGCPBC from Liability

To the fullest extent permitted by law, I/we hereby fully waive, release, protect, and hold harmless the Boys & Girls Clubs of Palm Beach County, INC., together with all its agents, employees, representatives, officers, and directors from any and all claims, causes of action, damages, losses, liabilities, costs, and expenses in any way arising out of or resulting from my/our volunteer participation and activities with respect to the Boys & Girls Clubs of Palm Beach County, INC. , including, but not limited to, any personal injury, accident, illness, property damage, or any other loss, injury, or harm whatsoever.

This consent and release shall bind the personal representative, heirs, successors and assigns of the undersigned.

I certify that all of the information provided by me in this application and interviews is true and correct. I understand that if I am approved to become a volunteer and any of this information is found to be false or misleading in any respect, I may be immediately dismissed.

Date: _____ Name: _____ Signature: _____

VOLUNTEER ACKNOWLEDGMENT for Club volunteers ONLY

I attest my name is _____ and I serve in the child care program known as **Boys & Girls Clubs of Palm Beach County**. I serve as a **Volunteer**

– As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

I attest that I have read and that I understand the foregoing.

Volunteer

Date

To Be Completed by BGCPBC

I attest my name is _____, and I
(print owner/operator/director name)

am the **owner/operator/director** of the child care program identified above. The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program. I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

Date