



HTC
 2490 Technical Dr., Miamisburg, OH 45342
GROUP REGISTRATION

FOR OFFICE USE ONLY	
DATE REC'D _____	
DATE REPLIED _____	
DATE VOL'D _____	
TOTAL HRS _____	

ORGANIZATION INFORMATION

CONTACT LAST NAME	CONTACT FIRST NAME	ORGANIZATION NAME		
ORGANIZATION STREET ADDRESS		CITY	STATE	ZIP
CONTACT PREFERRED PHONE (____) _____ - _____	CONTACT ALTERNATE PHONE (____) _____ - _____	CONTACT EMAIL ADDRESS		
SOCIAL MARKETING CONTACT NAME	SOCIAL MARKETING CONTACT PHONE (____) _____ - _____	SOCIAL MARKETING CONTACT EMAIL ADDRESS		
ORGANIZATION FACEBOOK TAG	ORGANIZATION INSTAGRAM TAG	ORGANIZATION LINKEDIN PAGE		

HOW DID YOUR ORGANIZATION HEAR ABOUT HTC?

CURRENT VOLUNTEER
 FAMILY/FRIEND
 CHURCH
 SOCIAL ORGANIZATION
 NEWSPAPER
 TV/RADIO
 SOCIAL MEDIA
 INTERNET
 OTHER _____

EMERGENCY CONTACT INFORMATION

NAME	PREFERRED PHONE	ALTERNATE PHONE	RELATIONSHIP
	(____) _____ - _____	(____) _____ - _____	

PROJECT INFORMATION

DAYS/TIME:
 SERVICE PROJECT DATE (MM/DD/YY): _____ / _____ / _____
 SERVICE PROJECT TIME FRAME: _____

GROUP:
 ESTIMATED GROUP SIZE _____
 NUMBER OF CHILDREN IN GROUP _____
 AGES OF CHILDREN _____

HOW OFTEN DO YOU PLAN TO VOLUNTEER? (CHECK ALL THAT APPLY)

DAILY
 WEEKLY
 MONTHLY
 BI-MONTHLY
 SPECIAL EVENTS
 GROUP PROJECTS
 ONE-TIME
 UNSURE

WHAT TYPES OF VOLUNTEER OPPORTUNITIES ARE YOU MOST INTERESTED IN PARTICIPATING? (CHECK ALL THAT APPLY)

SORTING/SHELVING
 INVENTORY COUNTING
 FILLING REQUESTS
 CLERICAL
 SPECIAL EVENTS
 OTHER/MOST NEEDED PROJECTS

VOLUNTEER EXPERIENCE

DOES ANYONE IN YOUR GROUP HAVE SPECIAL NEEDS THAT WE CAN ACCOMMODATE?

WHAT DOES YOUR GROUP HOPE TO GAIN BY VOLUNTEERING AT HTC?

POLICY STATEMENT

IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY.

LIABILITY, CONFIDENTIALITY AND MEDIA WAIVER

Liability

- I understand that I am volunteering as part of a special project, as a member of an unaffiliated organization, or as an individual.
- I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk.
- I agree that I will only perform volunteer activities that I am comfortable doing.
- I also agree that I will not hold HTC, where I am volunteering, and all of their former and current officers, directors, shareholders and employees, or any of their community service partners responsible or liable for any damage or injury to me or my property as a result of my participation in these activities.
- I agree to be responsible for my behavior and to indemnify and hold harmless the above listed organizations and all of their former and current officers, directors, shareholders and employees, and their community service partners from any damages or liabilities arising out of my activities as a volunteer for HTC.

Confidentiality

- I understand I may see confidential information in relation to donors, clients, staff, and other volunteers and will respect their privacy.
- I understand confidential information cannot, under any circumstance, be disclosed to any unauthorized individual, company, or organization.
- I understand any documentation given to me as an employee or volunteer is the property of HTC and cannot be removed from the premises.
- I understand as a volunteer I cannot engage in any type of financial transaction using confidential information to be used for my own personal gain.
- I understand that confidential information including donor, staff, client, volunteer, and financial documentation cannot be used for my own personal gain even after my commitment with HTC ends.

Media

- I authorize photographs, video, and/or audio recorded during the event to be used at any time now or in the future for television, print, electronic, digital and social media.

My signature on this form indicates that I have read and agreed to the above checked:

VOLUNTEER NAME _____ DATE _____

SIGNATURE _____

(Signature of parent or guardian if under 18)