



UNIVERSITY MEDICAL CENTER
FOUNDATION OF EL PASO

VOLUNTEER CORPS

All UMCF Volunteer Corps members are linked by a common goal – to Make a Difference.

Volunteer Registration Form

Date: _____

Complete the following information. Please print:

Please check the box that represents your age group. Kids Corps (Ages 10-12) Teen Corps (Ages 13-17) Volunteer Corps (Ages 18+)

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ Date of Birth _____

Employer _____ Referred by _____ School District _____

Emergency contact _____ Relationship _____ Phone (____) _____

Dietary Restrictions/Allergies _____

T-Shirt Size: Youth - S M L XL Adult - S M L XL XXL XXXL

Please briefly list past or present volunteer service:

Please indicate any areas of interests:

- Arts & Crafts
- Event Support
- General Office Support
- Answering Phones/Making Calls
- Data Entry
- Service Learning Projects
- Project C.A.R.E. Support

Do you have any physical disabilities or conditions that might prevent you from certain types of activities?

No Yes If yes, please describe: _____

Submit your completed form to Carolyn Williams via email at cwilliams@umcelpaso.org, or mail to UMC Foundation, ATTN: Carolyn Williams, 303 N. Oregon, Suite 1200, El Paso, TX 79901. Questions? Please call 915-521-7229, ext. 80528



UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO

In consideration of my participation or the participation of my child in the **University Medical Center Foundation of El Paso (“Foundation”) Volunteer Corps**, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against the Foundation, it’s parent corporation, **EL PASO COUNTY HOSPITAL DISTRICT, D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO (“EPCHD”)** , its affiliate(s) of EPCHD, and any other sponsor or provider of the activity, their officers, directors, employees, agents, and volunteers (hereinafter “Releasees”) from any and all liability to me, my child, my personal representatives, heirs or assigns, for any and all loss or damage on account of any injury to my person, my child/children or property or resulting in my death or death of my child/children arising out of or related in any way to my participation or my child’s/children’s participation in the activity.

I expressly release Releasees from any injuries and/or damages that I, or my child may suffer as a participant in the **Foundation Volunteer Corps.**, whether caused by active or passive, ordinary or gross negligence.

I further agree to indemnify and hold harmless Releasees from any and all claims, demands or liability in breach or violation of the terms of the Release.

I certify I and/or my child/children am/are physically able to participate in the event.

I grant permission to Releasees to use my name, likeness in any photographic, videographic, electronic, or other record of the **El Foundation Volunteer Corps.**

This Release is intended to be as broad and inclusive as permitted under Texas or federal law. If any portion or provision of this Release is held to be invalid, I agree that the balance of the Release shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY AFFECT MY LEGAL RIGHTS.

I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.

I AM AT LEAST 18 YEARS OF AGE. (If not 18 years old, please have adult representative complete form)

I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.

Signature of Participant

Date

Participant Residence Address

City State Zip Code

Printed Name of Participant

Date of Birth

In case of **Emergency**,
please contact: _____

Telephone Number

Printed Name

IF NOT AT LEAST 18 YEARS OF AGE, ADULT REPRESENTATIVE MUST SIGN AND COMPLETE:

Legally Responsible Adult Person (Parent, Guardian, Relative)

Date

Residence Address of Legally Responsible Person, if different from Participant

City State Zip Code

Relationship of Participant’s representative to Participant

Printed name

Printed Name

Telephone Number