



Seminole Christmas Village 2018 VOLUNTEER REGISTRATION FORM



Set Up Day: Friday, December 14, 2018 from 10:00 AM – 5:00 PM
Date of Event: Saturday, December 15, 2018 from 8:30 AM to 4:00 PM

Volunteers must be 16 years of age

Completed registration forms must be received December 3, 2018. No on site registrations can be accepted.

The event location is the Sanford Civic Center 401 East Seminole Blvd. Sanford, Florida 32771

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone: _____ **E-Mail:** _____

Ethnicity: _____ Caucasian _____ African-American _____ Hispanic _____ Native American/Alaskan Native
_____ Asian/Pacific Islander _____ Other _____ Prefer Not to Say

Gender: (circle one) Female Male Prefer not to say

I am part of a group volunteering at this event. Name of group: _____

I have volunteered in the past and would like to continue to work in:

___ Bounce House ___ Crafts ___ Santa ___ Toy Store ___ Registration

I would like volunteer:

___ Friday ___ Saturday ___ Both Days

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Seminole County Sheriff's Office, CBC of Seminole, The Seminole County Sheriff's Foundation, the organizers, sponsors and supervisors of this project all ties from all liability for any and all risk of damage or bodily injury or death or property damage, including any injury or damage caused by negligence, in connection with any volunteer assignment in which I participate or which may arise from my participation in volunteer efforts. I likewise hold harmless from liability any person or agency transporting me to or from any volunteer activities.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me. In addition, Seminole Community Volunteer Program and Seminole County Sheriff's Office has permission to utilize any photographs or videos taken of me for publicity, recruitment or training purposes without compensation paid to me.

This event will require a background check. I understand and agree to this screening. ___ YES ___ NO

I have read the foregoing release and indemnification, understand the contents thereof and sign this release as my own free act. ___ YES ___ NO

VOLUNTEER SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

(if volunteer under age 18)

Please email the completed form to Barbara Sellers at bsellers@seminolesheriff.org by December 3, 2018. If you have any additional questions please call 407-665-6547.