



# Seminole Christmas Village 2017 VOLUNTEER REGISTRATION FORM



**Set Up Day: Friday, December 15, 2017 from 10:00 AM – 5:00 PM**  
**Date of Event: Saturday, December 16, 2017 from 8:30 AM to 4:00 PM**

**Volunteers must be 16 years of age**

**Completed registration forms must be received December 4, 2017. 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](mailto:bsellers@seminolesheriff.org) by December 4, 2017.**  
**If you have any additional questions please call 407-665-6547.**