



TEAM IN TRAINING VOLUNTEER FORM

Please complete the following information in its entirety.

PLEASE PRINT

Name: _____ Birthday: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Fax: _____ Email: _____

T-Shirt Size:: S M L XL XXL

PARTICIPANT EMERGENCY INFORMATION

In case of emergency during a volunteer EVENT or ACTIVITY, please notify:

Name: _____ Relationship: _____

Cell: _____ Home: _____ Other: _____

PLEASE PRINT YOUR INFO

Medical Insurance Company: _____ ID#: _____

Current Medications you are taking: _____

Do you wear contact lenses? ____ Yes ____ No

Please alert us to any other medical conditions that we should be aware of (e.g., pregnancy, asthma, heart condition) including any allergies.

VOLUNTEER OPPORTUNITIES

Please check all of the opportunities that you are interested in and you will be notified when you are needed.

- ____ Administrative Support ____ Information Meetings ____ Telemarketing ____ P.O.P Distribution ____ Race Flyering
- ____ Expos/Health Fairs ____ Kickoff/Sendoff Parties ____ Corporate Recruitment ____ Cheer Teams @ local races
- Water Stops during training: ____ Walk/Run Team ____ Cycle Team ____ Tri Team

Will you be needing a letter with record of your volunteer hours for work, school or church? Yes____ No____
 If so, where do we need to send the recognition letter/form? (Contact name and full mailing address/phone number)



LIABILITY RELEASE

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in the Leukemia & Lymphoma Society, INC. ("LLS") Team In Training Program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: **TEAM IN TRAINING VOLUNTEER** (collectively, the "Event") at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of LLS's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless LLS, Inc. and its chapters, their Officers, Trustees, agents, employees and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Society"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from the Society's negligence or otherwise (collectively, "Liabilities").

I also give permission to the Society to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to the Society to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to the Society to use and disclose my personal health information ("PHI") in the ways described in this form. I allow the Society to use my PHI as necessary for purposes related to my treatment. I also allow the Society to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of the Society.

This Release and Personal Release will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New York.

Date: _____ Signature of Participant: _____

*Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this Release and Personal Release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the terms of the Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless the Society from all Liabilities.

Date: _____ Signature of Parent or Guardian: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer for The Leukemia & Lymphoma Society, a non-profit health organization serving individual clients and their families, I may become aware of personal and private areas of people's lives. I agree to keep the following strictly confidential and will not copy, distribute or make available to others:

- Any and all Society patient and family information and records, including and not limited to, names, diagnoses, treatment, personal life, and status with The Society; and,
- Any manuals, marketing or promotional material, or lists related to The Leukemia & Lymphoma Society's programs, donors, participants or volunteers.

In emergency situations when disclosure is necessary for the life or safety of our clients or another individual, the volunteer will discuss with his/her supervisor the need to breach confidentiality. This decision and action will be the responsibility of the chapter Executive Director or Patient Services Manager. If possible and appropriate, the client will be informed as to the reason for the breach of confidentiality and what information will be shared. The staff person will document the conversation with the client or document why the conversation did not take place. Such documentation will be maintained in the client and volunteer file.

I agree to abide by this Agreement and maintain confidentiality during my volunteering for The Society and after my volunteering is complete.

I understand that this signed form will become part of my volunteer file, and violation of this policy will be considered grounds for terminating my service to The Leukemia & Lymphoma Society.

Volunteer Signature _____ **Date:** _____

Volunteer Name(Please Print): _____