



C.U.R.E. CORPS
Application & Liability Release
YOUTH-17 & Younger

****PLEASE PRINT CLEARLY****

- | | |
|--------------------|--------------------|
| ___ (00) Hdqtrs | ___ (04) Houston |
| ___ (01) Denver | ___ (05) San Diego |
| ___ (02) Nashville | ___ (06) St Paul |
| ___ (03) Phoenix | ___ (07) L. A. |

GMP # _____
OFFICE USE ONLY

PERSONAL INFORMATION

Date: _____ Date of Birth:(D/M/Y): _____ Male Female

First Name: _____ MI: _____ Last Name: _____

Name of School/Group/Org you came with (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Home E-mail address (print clearly): _____

Name of Parent/Guardian: _____

RELEASE OF LIABILITY



I understand that Project C.U.R.E. relies on volunteers to collect, sort, inventory, and distribute medical supplies and equipment. I understand that while I am a volunteer at Project C.U.R.E., I will encounter potentially dangerous items such as needles, scalpels, chemicals, medications, and warehouse equipment. If I get hurt as a volunteer, I promise I will not hold Project C.U.R.E. or the Benevolent Healthcare Foundation liable, nor will I attempt to sue either Project C.U.R.E. or the Benevolent Healthcare Foundation for any accidents or injuries that might occur while I am a volunteer at Project C.U.R.E.

Youth Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

WE CANNOT ACCEPT THIS FORM WITHOUT A PARENT/GUARDIAN SIGNATURE

PREFERENCES/INTERESTS

The following questions are designed to help us get to know you better. In addition, your answers will help us in providing summary data for grant assessments. Project C.U.R.E. does not give, lend or sell this information to any outside organizations or persons.

Favorite Music: Classical Jazz Christian Rock/Alternative R&B/Rap Country

Favorite Magazine: _____ Favorite Restaurant: _____

Clubs/Civic Groups: _____ Church Affiliation: _____

Have you traveled overseas? If so please state year(s) and country(ies): _____

How did you hear about Project C.U.R.E.? _____

VOLUNTEER OPPORTUNITIES

Project C.U.R.E. needs your help in these areas. Please check the ones that interest you:

- Office Corps (*Computers, Data Entry, Word Processing, Receptionist, Mailings, etc*)
- Warehouse Corps (*Sorting Teams, Loading Containers, Warehouse Operations*)
- Driving Project C.U.R.E. Collection Trucks (*A special truck license is not necessary*)
- C.U.R.E. Couriers (*collecting supplies in personal vehicles*)
- Biomedical Technicians (*Testing, repairing, preparing equipment*)
- C.U.R.E. Clinics (*Volunteer medical trips overseas*)
- Procurement (*Contacting suppliers, requesting donations*)
- Public Relations/Fundraising

Do you have specialized training (medical, transportation, etc.)? Yes No

If so, please describe:(no abbreviations)_____

If you are interested in volunteering on a regular basis, please indicate approximately the times that you're available to help at Project C.U.R.E.:

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			