



kuei luck enrichment center

快樂教育中心

Volunteer Biographical Form

Personal Information

FIRST NAME: _____ LAST NAME: _____

BIRTH DATE (MM/DD/YY): ____ / ____ / ____ GENDER: MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

EMAIL ADDRESS: _____

Emergency Contact

FIRST NAME: _____ LAST NAME: _____

TELEPHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

Initial File Check List (For Office Use Only)

<input type="checkbox"/> Employee Biographical Form	Date: _____	Initial: _____
<input type="checkbox"/> Health History Form	Date: _____	Initial: _____
<input type="checkbox"/> Voluntary Disclosure Form	Date: _____	Initial: _____
<input type="checkbox"/> Reference Sheet	Date: _____	Initial: _____

Volunteer ID: _____

Start Date: _____

Wavier: I Authorize Kuei Luck Enrichment Center, its staff and designee to act accordingly to their best judgment in any emergencies including emergencies where medical attention is required. I hereby waive and release Kuei Luck Enrichment Center and/or its designees from any and all liability and costs associated with any/all medical costs and other costs that may have been associated with any emergencies in which Kuei Luck Enrichment Center, its staff and designees may have acted on my behalf.

Certify: I hereby certify that the information I have provided above is current and accurate to the best of my knowledge.

Employee Signature _____ Date: _____