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## *Cassadaga Spiritualist Camp*™

PO Box 319      Cassadaga, Florida 32706      386-228-3171

Dear Members,

In Cassadaga, Volunteers have always been the heart and soul of our Community. As we move forward into our busier time of the year we will be compiling a list of Volunteers in the office. Members can pick and choose the activities they do or do not wish to assist with. There are many opportunities throughout the year and our success depends on you!

Attached is a Volunteer form that enables you to let us know what your interests are as well as your availability. We appreciate the efforts of all our Volunteers and look forward to working together for the betterment of our beautiful community.

Rev. Jerry Moore  
SCSCMA President

SOUTHERN CASSADAGA SPIRITUALIST CAMP MEETING ASSOCIATION  
**VOLUNTEER REGISTRATION**

*Thank you for your interest in volunteering with SCSCMA  
 Please complete this form and return to the camp office.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

Birth Month and Day \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Describe hobbies, interests, talents and/or skills that you would like to share with us:***

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Present Occupation: \_\_\_\_\_

***Listed below are activities that support our organization, please indicate your area of interest by circling all that apply:***

***Beautification***

***Holiday Activities***

***Special Events***

***Gala Day***

***Workshops***

***Kitchen***

***Other*** \_\_\_\_\_

***Please check days and times you can be available:***

	SUN	MON	TUE	WED	THU	FRI	SAT
Morning							
Afternoon							
Evening							

**For Office Use Only**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Database [ ] Membership Card

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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The following restrictions apply to our volunteer opportunities:

- Over 18 years old
- No assault & battery
- No sex offenders
- No theft charges
- No weapons charges

Appropriate participants should call or come to our office first to complete the required paperwork, having their identification and agency referral with them before starting work.



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## RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed by \_\_\_\_\_  
(PRINT VOLUNTEER NAME)  
(the "Volunteer") in favor of Southern Cassadaga Spiritualist Camp Meeting Association, a nonprofit corporation ("SCSCMA") its directors, officers, employees and agents.

The Volunteer desires to work on SCSCMA's property performing various tasks as required.

1. **WAIVER AND RELEASE.** Volunteer does hereby release and forever discharge and hold harmless SCSCMA and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work at SCSCMA.

Volunteer understands that this Release discharges SCSCMA from any liability or claim that the Volunteer may have against SCSCMA with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteering on the SCSCMA premises. Volunteer also understands that SCSCMA does not assume any responsibility for or obligation to provide financial assistance, including but not limited to medical, health or disability insurance.

2. **MEDICAL TREATMENT.** Volunteer does hereby release and forever discharge SCSCMA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with Volunteer's work on SCSCMA premises.

**IN WITNESS THEREOF, Volunteer has executed this release on \_\_\_\_\_**  
**(DATE)**

**WITNESS:**  
\_\_\_\_\_  
**(SIGNATURE)**

**VOLUNTEER:**  
\_\_\_\_\_  
**(SIGNATURE)**

**ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_



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## EMERGENCY NOTIFICATION FOR VOLUNTEERS

Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number : \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Alternate?     YES     NO

Alternate Emergency Contact Name & Relationship:  
\_\_\_\_\_

Alternate Emergency Contact Phone Number & Address:  
\_\_\_\_\_

