

**UUA-UUSC Gulf Coast Volunteer Program
Individual Volunteer Registration Form**

Each participant should complete this form and return to the team leader. Team leaders, please collect the forms and mail original, with signed liability waiver form, to the address below, at least three weeks prior to your arrival. The group registration form can be emailed to uukatrina@uusc.org.

Name:

Street address:

City/State/Zip:

Phone:

Cell:

E-mail:

Emergency contact name:

Phone number:

Name of church/organization:

Arrival date & time:

Departure date & time:

Skills/interests: *Please be as specific as possible to facilitate our coordinators finding appropriate work for you.*

Medical information

Health insurance provider:

Name on insurance plan:

Plan #:

Date of birth:

Height/Weight:

Date of last tetanus:

List any and all medical conditions, allergies and/or prescription medications you may be taking:

Do you have any diet restrictions? vegetarian vegan kosher other:

Food allergies or other dietary concerns (describe):

Do you have any other health or activity restrictions? Yes No

If yes, explain:

I attest that this form has been completed faithfully and to the best of my knowledge.

Signature

Date

Mail form to: Peggy Powell/UUSC/689 Mass. Ave./Cambridge, MA 02139