



Volunteer Annual Update 2021

To comply with PATH standards and our own communication needs, TRI **must** annually update all your information.

RECEIPT OF THIS DOCUMENT IS REQUIRED TO KEEP YOUR VOLUNTEER STATUS CURRENT.

Date: _____ Birthday: _____
Month Day

Name: _____
Last First Middle

NONE OF MY INFORMATION HAS CHANGED.

THE FOLLOWING INFORMATION HAS CHANGED:

Prefix: *(Circle one)* Mr. Mrs. Ms. Miss. Dr. Email: _____

Address: _____ City, State, Zip: _____

Phone: Cell _____ Home _____ Work _____

Employer or School: _____ Title/Department: _____

Parent/Guardian Name _____ Parent/Guardian Phone Number _____

(If Volunteer is under 18 years old)

In case of emergency notify: _____ Phone _____
Name/Relationship

Physician: _____ Phone: _____

Preferred Medical Facility: _____

Medical Conditions Requiring Special Precautions

Medications and Dosage: _____

All Known Allergies: _____

Insurance Carrier: _____ Policy Number: _____

Additional Changes: _____

By signing below you are formally renewing any and all previously provided information, agreements, releases and consents unless otherwise specified above. This includes your indemnity release, confidentiality agreement, emergency medical consent, background check consent, photo release, and social marketing agreement. You are also confirming that you have reviewed and understood the volunteer training handbook available on the website:

Volunteer Signature: _____ Date: _____

I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Criminal Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ Date: _____