

JDRF STUDENT VOLUNTEER FORM

Name (first and last) :

School Name:

Address :

Date of Birth :

Phone number :

Email :

Emergency contact (name, phone & relation) :

Health Card (in case of emergency) :

Please Note: this info is for the committee record and MedVent only

Allergies :

Medical conditions :

Are you First aid and CPR certified :

yes no

Pick up/drop off person/drive's self :

Any other information that would be important during a situation :

Name of another student who is also volunteering that you would like to stay with during the event (if possible) :

Please return this completed form to jdrfogwalk@hotmail.com