



**PET Florida Tampa Inc.**

P. O. Box 2688  
Riverview, FL 33568-2688

[www.pettampa.org](http://www.pettampa.org)  
[director@pettampa.org](mailto:director@pettampa.org)



**GIVE THE GIFT OF MOBILITY, THE GIFT OF HOPE.**

**Volunteer Registration and Liability Release Form**

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent Name (if under 18) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Mail/Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mail/Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mail/Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any relevant medical problems, and any requiring maintenance medication: (i.e. diabetic, asthma, seizures)

\_\_\_\_\_  
\_\_\_\_\_

The PET Florida Tampa Inc., as a fully volunteer organization DOES NOT have liability insurance. Safety procedures are in place to protect all who work. All volunteers must follow all safety procedures, as the organization can take no responsibility. (See Safety Procedures on page two.) By signing, I agree to these safety procedures and certify that I have my own medical insurance and do not hold the PET Florida Tampa Inc.; PET International Inc.; affiliate PET Workshops/Work Sites; or Faith Baptist Church responsible for any accident that may occur during my volunteer time. The parent listed above must sign below authorizing their student volunteer if he or she is under the age of eighteen (18). All volunteers under the age of sixteen (16) must be accompanied by their parent or legal guardian when at the PET workshop.

Parent Signature (if under 18) \_\_\_\_\_ Signature \_\_\_\_\_

Orientation Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PET FLORIDA TAMPA INC.**  
**Safety Procedures for the PET Work Site**

1. All Volunteers are first given an Orientation Tour of the work site which includes:
  - Overview of PET and what its mission and purpose is - a viewing of a video/DVD about PET will be shown.
  - General tour of entire work site pointing out different work areas, where equipment and tools are kept, location of rest room, break room, paint wash room, safety glasses etc.
  - Location of First Aid Kit
  - Location and use of Fire Extinguishers.
  - Location and use of Safety Glasses which **MUST** be used when volunteering at the workshop.
  - Location and use of Masks which **MUST** be used when:
    - Spray Painting
    - Cutting Styrofoamand may be used as desired for other tasks.
  - Location of earphones for noise containment.
  - Location of refrigerator where there is water. Volunteers are encouraged to drink water regularly while working to prevent dehydration.
  - Location and use of Dust Collection System to help keep down the dust. Volunteers must have special orientation in order to use this system.
2. All volunteers using electric tools (saws, bandsaw, sanders, drills, etc.) **MUST** first be trained and designated as approved.
3. While using electric tools there **MUST** be another volunteer on site.
4. Student Volunteers under eighteen (18) years of age:
  - May not work until their parent or legal guardian has signed the above authorization form.
  - Must be accompanied by their parent or legal guardian if under sixteen years of age.
5. No personal listening devices may be worn in the workshop other than hearing aids. No IPODS, WALKMANS, MP3 PLAYERS, CD PLAYERS, or other electronic devices with personal earphones or earbuds may be used.
6. Cell/Mobile/Internet-ready phones may not be used inside the workshop and especially while using equipment, or in any way interfere with those using equipment.