



SHORT-TERM VOLUNTEER SERVICE FORM

Event: 2021 Flu Clinics with SCPHN **Date:** October - November, 2021

Assignment/Project Sign-In Sheet — Please Print

Volunteer Name: _____

Other Name(s) used: _____

Birthdate: _____

If under 18, School name: _____

School City/State/Zip _____

Home Address: _____

Town/City/State/Zip Code _____

Home Phone: _____ E-mail: _____

Mailing Address (if different) _____

Town/City/State/Zip Code _____

Emergency Contact Person: _____ Relationship _____

Emergency Contact Telephone: _____

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Service Date: 10/ -- /2021 Sign-in Time: \_\_\_\_\_ AM PM Sign-out Time: \_\_\_\_\_ AM PM

**Volunteer Service Position:** Flu Clinic Volunteer

Brief Description of Responsibilities: Acting in clinical or non-clinical roles to assist in with hosting school-based flu clinics with the Strafford County Public Health Network

Name of assignment/project supervisor: Ashley Wright

Supervisor Title: Strafford County Public Health Network Continuum of Care Manager

***No employer-employee relationship is being created by this agreement.*** I, the undersigned, accept the responsibilities as outlined. I understand the risks, hazards, and dangers inherent in carrying out the duties and responsibilities of my volunteer activities. I agree for myself and my heir, to release and hold harmless, defend and indemnify the Goodwin Community Health, its trustees, officers, agents, employees and volunteers from and against all claims, demands, actions, and causes of action as a result of personal injury, death, or property damage sustained by me or by others due to my volunteer activity, including my operation of a motor vehicle.

\_\_\_\_\_  
SHORT-TERM VOLUNTEER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Assignment/Project Supervisors SIGNATURE

\_\_\_\_\_  
DATE

**This form is to be turned in to the Volunteer Manager within two (2) business days of the first day of the Event/project/assignment.**