

**New Orleans Rebirth Volunteer Program  
Center for Ethical Living and Social Justice Renewal  
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, 2903 Jefferson Avenue, New Orleans, LA 70115, at least three weeks prior to your arrival.*

**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