

VOLUNTEER RENEWAL FORM

To comply with PATH International standards and our own communication needs, Ivey Ranch **must** annually update all your information. Write or type your name, then **either** check the "no changes" box and **sign and date at the bottom or** specify your changes, such as **phone numbers or e-mail**, and **then sign and date at the bottom**. Please return this form to Ivey Ranch via mail (110 Rancho Del Oro, Oceanside CA, 92057), fax (760-722-6598), email (iveyranch@yahoo.com) or in person.

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

Thank you for your time and cooperation!

NAME: LAST FIRST MIDDLE

NONE OF MY INFORMATION HAS CHANGED. (Please sign below.)

THE FOLLOWING INFORMATION HAS CHANGED:

ADDRESS CITY STATE ZIP CODE

HOME NO. CELL NO. EMAIL

EMPLOYER OR SCHOOL WORK NO.

PARENT/GUARDIAN NAME PHONE NO.

REFERENCES CONTACT INFORMATION: _____

MEDICAL INFORMATION

PHYSICIAN PHONE NO.

EMERGENCY CONTACT PHONE NO.

MEDICAL CONDITIONS REQUIRING SPECIAL PRECAUTIONS

MEDICATIONS AND DOSAGE ALL KNOWN ALLERGIES

INSURANCE CARRIER POLICY NO.

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, and photo release.

VOLUNTEER SIGNATURE: _____ DATE: _____