

VOLUNTEER RENEWAL FORM

To comply with PATH standards and our own communication needs, Equest **must** annually update all your information.

Please fill in/write your information and check boxes as appropriate, then check the "No Changes" box OR specify your changes, such as phone numbers or email. Sign and date at the bottom. Please return this form to Ellie Grant ASAP via mail (P.O. Box 171779, Dallas, TX 75217), fax (972-412-5040), email (egrant@equest.org) or in person.

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

Thank you for your time and cooperation!

Last Name *First Name* *MI*

NONE OF MY INFORMATION HAS CHANGED. Please sign below, also confirming that you have reviewed and do understand the information in the volunteer training handbook.

THE FOLLOWING INFORMATION HAS CHANGED:

Address *City* *State* *Zip*

Home Phone *Cell Phone* *Email*

Employer or School *Work Phone*

Parent/Guardian Name *Contact Phone*

Reference(s) with contact information (e.g., phone number)

MEDICAL INFORMATION

Physician *Office Phone*

Emergency Contact *Contact Phone*

Medical conditions requiring special precautions

Medications and dosage(s) *Known allergies*

Insurance Carrier *Contact Phone* *Policy No.*

Additional changes

I have reviewed and understand the Volunteer Training Handbook.
Under "How to become a volunteer": <https://www.equest.org/volunteer>

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, criminal background check consent, photo release, and social marketing agreement. You are also confirming that you have reviewed and do understand the volunteer training handbook available on our website.

Volunteer signature: _____ **Date:** _____