

**Selma District Chamber of Commerce
Volunteer Information**

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone number _____

Best time to reach you _____

Social Security Number # _____ - _____ - _____

Drivers License # _____

Occupation _____

Special Interests: _____

Emergency contact: _____

Phone # _____

**I am the named insured and am personally covered by a
valid policy of automobile insurance.**

**I hold a current driver's license, I will present proof of automobile insurance coverage
to the Chamber,**

**I declare that at all times I will comply with the
requirements listed in this paragraph.**

**I have not been offered a paid position with the Chamber of Commerce and fully
understand that this volunteer position is of my own free will.**

**I understand that the Selma District Chamber of Commerce does not discriminate on
the basis of race, creed, religion, color, national origin,
sex, age, handicap, or political affiliation.**

**I agree that as a Selma District Chamber of Commerce volunteer, the Chamber has no
financial or legal liability for my actions and that financial and legal liability for my
actions as a volunteer is solely my responsibility.**

**All the statements I have made herein are true and
correct to the best of my knowledge.**

VOLUNTEER SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

(If Volunteer is under 18 yrs. of age)