



## BREAKFAST WITH SANTA

**Volunteer Registration Form**

**Saturday, December 8, 2018**

**Event Time 9am-11am**

**Clarion Inn & Suites**

**Covington, LA**

### Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If volunteer is under 18 please provide date of birth: \_\_\_\_\_

If volunteer is under 18 provide name of Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will you need a letter confirming service/volunteer hours for your school/organization? \_\_\_\_\_

(Note: Letters confirming service/volunteer hours will be available the day of the event.)

### Emergency Contact Information:

In the event of an emergency, who would you like contacted?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

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I am available to work Breakfast with Santa:

- 7:30am - 11am
- 8am - 11:30am

Do you have any physical limitations we should know about? \_\_\_\_\_

Description: Breakfast with Santa is an inclusive event where children of all abilities served by NFHF can enjoy the sharing and caring spirit of the Christmas season. Volunteer duties include: registration table, playing games with the children, serving food & drinks, event set up and take down, as well as other activities that arise.

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I, \_\_\_\_\_ (print name here), give permission for my child/myself to be photographed and/or videotaped by a Northshore Families Helping Families representative or media for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational purposes. I understand that photographs and video become the property of your organization without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above participant.

Signed: \_\_\_\_\_  
(Signature of parent/ guardian if volunteer is under 18 years of age.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date:

**\*Please complete and return this form to Keely Cassidy by November 16, 2018\***

[keelycassidy@fhfnorthshore.org](mailto:keelycassidy@fhfnorthshore.org)

or by FAX to: 985-875-9979

**Questions?**

Contact us at 985-875-0511

*Thank you for giving your time and energy to Northshore  
Families Helping Families events.  
Our families, Board of Directors, and staff appreciate you!*

