

Caregiver Enrollment

Name: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Phone: _____ Cell Phone: _____

Race: _____ Marital Status: _____ Religion: _____

Gender: Male Female Date of Birth: _____ Primary Language: _____

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____ Email Address: _____

Medical Insurance: _____ Phone: _____

Certifications

Do you have any certifications? Yes No

If yes, please list: _____

Caregiver for _____

For Office Use:

Date Filed _____



JOAN & IRWIN JACOBS CAMPUS

Turk Family Center

8804 Balboa Avenue, San Diego, California 92123 Phone (858) 637-3000 Fax (858) 637-3001 www.jfssd.org

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Release and Waiver of Liability and Indemnity Agreement

In consideration of my voluntary participation in a JFS transportation program, I _____, hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Jewish Family Service of San Diego, its Directors, Officers, employees and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature of Caregiver

Date

JFS Staff Title

Date



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