Fishing has no boundaries®

VOLUNTEER REGISTRATION - 2026
FHNB- Brainerd Lakes Chapter
August 28th-29th, 2026

NAME: _____ AGE (if under 18) _____ T-SHIRT SIZE: _____

ADDRESS: _____ CITY: _____STATE: _____ ZIP: _____

PHONE: _____(Circle one: Cell or Home) E-MAIL ADDRESS: _____

PREFERRED VOLUNTEER ACTIVITY: Please Circle all that apply

Serving Breakfast Saturday - Serving Lunch Saturday - Serving Dinner Friday/Saturday

Breakfast Prep Saturday - Lunch Prep Saturday - Dinner Prep Friday/Saturday

Cleaning and Filleting Fish Saturday Dinner - Cooking Fish Saturday Dinner

Clean Up and Washing Dishes for Meals: Breakfast Saturday - Lunch Saturday - Dinner Friday/Saturday

OTHER: _____

PLEASE SELECT YOUR PREFERRED VOLUNTEER SHIFT LENGTH: 2 HOURS 4 HOURS FULL DAY

****If you require lodging please fill out the separate form marked lodging****

COMMENTS: _____

_____

Have you ever been charged or convicted of a crime relating in any manner to children, vulnerable adults or others in regards to your conduct with them? Yes / No (Circle your answer)

RELEASE OF CLAIMS: In acceptance of my participation in the FHNB Fishing Event on August 28-29, 2026, I release FHNB, Inc. and the FHNB Brainerd Lakes Chapter, the Confidence Learning Center, Rod Benders, Inc., Counties of Cass and Crow Wing, the City of East Gull Lake, all respective agents and employees and all others connected with the Event, from liability or claims for any injury to body or property or illness sustain during my participation in this Event. I understand this release applies to me, my heirs and anyone in participation with me. I am capable of participating in this Fishing Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by this FHNB Chapter and FHNB, Inc. in permitting me to participate. I grant full permission to any and all related during the event to use any photographs, movies, recordings and other records of this event, without compensation.

Registration <u>must</u> be signed by Volunteer

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

MAIL COMPLETED FORM TO:

FHNB – Confidence Learning Center
1620 Mary Fawcett Memorial Dr.
East Gull Lake, MN 56401