



Volunteer Application & Waiver of Liability

Name: _____ Date: _____

Address: _____ Email: _____

Date of Birth: _____ Phone Number: _____

Are you at least 14 yrs. old? Yes No If no, you cannot volunteer.

Volunteering for one sport or the whole year? Year One Sport (specify) _____

Hours needed/desired _____ How did you hear about us ? _____

Have you previously volunteered for UDS? Yes No If yes, when? _____

Have you ever plead 'guilty' or 'no contest' to or been convicted of a crime? Yes No

If yes, when and why? _____

REFERENCES (Please list three references who are NOT family members):

I understand that the information provided by these references is confidential and hereby release them from any and all liability for claims arising from disclosure of the information requested.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

EMERGENCY CONTACTS (Please list two)

Name _____ Phone Number _____

Relationship _____ Alternative Number _____

Name _____ Phone Number _____

Relationship _____ Alternative Number _____

EXPECTATIONS All-Star Training Club volunteers are expected to:

1. Arrive on time for their volunteer service.
2. Stay for the entire event.
3. Sign-in at the start of their service and sign-out when they leave.
4. Provide help and guidance to athletes in a friendly and encouraging manner.
5. Be reliable and responsible.
6. Keep busy during volunteer service, not just standing around.
7. Interact with athletes and limit time talking with friends.
8. Avoid cell phone use during service. Phones should be turned off and put away.
9. Report any issues or concerns to All-Star Training Club staff.
10. Read and understand all required policies prior to volunteer service.

I, _____, agree the information I have provided in this Application is accurate and will follow the All-Star Training Club Volunteer Expectations to the best of my ability.

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

PLEASE COMPLETE WAIVER OF LIABILITY ON OTHER SIDE



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WAIVER OF LIABILITY

Please read this form carefully and be aware you are registering yourself for participation in United Disability Services' All-Star Training Club programs. You will be waiving and releasing all claims for injuries you might sustain arising out of said program for one year following the date of your signature.

I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against United Disability Services and its officers, agents, servants, employees and volunteers. I do hereby fully release and discharge United Disability Services and its officers, agents, servants, employees and volunteers from any and all claims from injuries, damage, or loss which I may have or which may accrue to me and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend United Disability Services and its officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize United Disability Services to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the Program Details, Policies, Waiver and Release of All Claims and Permission to Secure Treatment.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UNITED DISABILITY SERVICES AND I SIGN IT OF MY OWN FREE WILL.

Volunteer Signature _____ **Date** _____

Parent/Guardian Signature (if under 18) _____ **Date** _____

Please return both the completed and signed Volunteer Application and the Waiver of Liability to UDS.

PLEASE COMPLETE VOLUNTEER APPLICATION ON OTHER SIDE