



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 AND PUBLICITY RELEASE 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** _____

PUBLICITY RELEASE

United Disability Services (UDS) often has the opportunity to photograph and/or videotape people in a variety of work or recreation activities. The Aspire! newsletter, program videos, annual report, agency brochures, public displays at local events, the agency's website and social media are a few examples of how images may be used. Please sign the publicity release below if you or your dependent would like to be included in our efforts to share with the community how people with disabilities are enjoying a high quality of life. Please forward all questions to Lisa Armstrong, Director of Communications at 330-762-9755.

Photograph, video and media release for _____ who is subject of the release. I hereby give United Disability Services (UDS) permission to use the above named person's photograph, video or recording for publicity purposes. In addition, I grant permission for UDS to use this information without compensation in any electronic and/or print medium for local or state distribution and/or promotion. I understand that UDS will not receive any compensation/payment from a third party for the use of my image/picture or recording.

I understand that this authorization is voluntary and I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain services or affect my eligibility for benefits.

I understand that I may revoke this authorization at any time by notifying UDS in writing to the attention of United Disability Services, c/o Community Relations, 701 South Main St., Akron, Ohio 44311. However, any photos or video footage taken prior to revocation may remain as public information such as a published newsletter or annual report. I understand that this consent form **expires at the end of one (1) year from the date signed.**

Signature of Volunteer _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(if applicable)

PLEASE COMPLETE VOLUNTEER APPLICATION ON OTHER SIDE AND RETURN TO UDS