



Volunteer Application

Date: _____

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Email: _____

Phone Number: _____

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

Are you at least 18 yrs. old? Yes _____ No _____ If no, guardian approval: _____

Volunteer Information

Have you previously volunteered for UDS? _____ If yes, when? _____

How did you hear about ATC? _____

Do you want to commit to a sport or the whole year? _____ Sport: _____

Hours needed/desired _____

Reference Information

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

If yes, when and why? _____

Please list three references (non-family members):

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Emergency Contacts

Contact #1

Name _____ Phone Number _____

Relationship _____ Alternative Number _____

Contact #2

Name _____ Phone Number _____

Relationship _____ Alternative Number _____

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.

Parent/Guardian/Volunteer Name

Signature

Date

Volunteer Agreement

As an All-Star Training Club volunteer, I understand and agree that I have the following responsibilities and expectations.

1. Volunteers are expected to arrive and leave on time for sporting events.
2. Volunteers are responsible for staying for the entire duration of an event.
3. Volunteers are to sign-in at the start of an event and sign-out before they leave.
4. Volunteers are there to provide help and guidance to athletes.
5. Volunteers are expected to be reliable and responsible.
6. Volunteers are expected to keep busy during volunteer service;
7. No standing around talking with friends.
8. Volunteers are expected to have cell phones turned off and put away during volunteer service; cell phone use is prohibited.
9. Volunteers are expected to communicate with and be friendly to all athletes.
10. Volunteers have read and understand the required policies.

Please return completed form to Jayme Romanchuk by email, jromanchuk@udsakron.org, or fax, 330-762-0912.

Parent/Guardian/Volunteer Name

Signature

Date