



VOLUNTEER APPLICATION FORM

PLEASE COMPLETE AND FAX OR MAIL BACK

(Please print) Mr. / Ms). _____ (if minor) AGE _____ GRADE _____

HOME ADDRESS (STREET, CITY, ZIP CODE) _____

(if minor) PARENT NAME _____ EMPLOYER/PHONE: _____ / _____

OCCUPATION _____ EMPLOYER/PHONE: _____ / _____

PERSONAL CELL PHONE () _____ EMAIL: _____

EMERGENCY CONTACT (Name/Phone) _____ / () _____

INFO STAT SHEET Check off what best describes your interest so as we can offer the best experience possible.

- | | | | |
|--|---|---|--|
| Administrative Assistant
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Board Development
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Camps with Kids
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Fundraising
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) |
| Special Events
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Program Development
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Youth Coach
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | Photographer
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) |
| Web Site Design
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes) | OTHER (if any, please list)
_____ | | |

PROFESSIONAL REFERENCE:

NAME _____ EMAIL: _____

NAME _____ EMAIL: _____

PERSONAL REFERENCE:

NAME _____ EMAIL: _____

I, know that any participation is a contact event and could result in serious injuries and protective equipment or rules does not prevent all injuries to volunteers, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local facility, the organizers, sponsors, supervisors, participants, referees and persons from activities for any claim arising out of any injury to me or my guests whether the result of negligence any other cause. In addition, I drive and park my own transportation vehicle at my own risk while participating.

I, hereby give our consent to any duly licensed physician or hospital for any necessary emergency treatment if an accident should occur during practice or games. I, hereby consent for the authorized medical treatment and signed hospital forms required to permit any hospital treatment, if accident happens. I, hereby consent and release for any photographs or video made by any party during my volunteer participation with Fun Sports, Inc.

SIGNATURE: _____ **DATE:** _____

*On back side or on additional sheet of paper, please tell us why you want to be a volunteer for Fun Sports, Inc.

Official Use:

Mail: PO Box 146 Lake Worth, FL 33460

Phone: (561) 801-2418

Email: funsports@live.com

Fax: (561) 429-4899