



Gliding Stars Volunteer Registration

Please print and complete all items.

Off Ice Volunteer Information:

Name: _____
(First) (Middle) (Last)

___ Male ___ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

E-mail: _____

Permanent Address (if different from above)

Street: _____

City/State: _____ Zip: _____

If you are younger than 18 years of age, please also complete items below:

Parent/Guardian Name: _____

Address (if different from Volunteer's address above): _____

Phone: _____

E-mail: _____

Parent/Guardian Emergency Contact / Phone: _____

Volunteer's School: _____

School Grade: _____

Volunteer Years: _____

Chapter Information
Gliding Stars of Western NY
P.O. Box 1862
Amherst, NY 14226
(716) 608-8345

_____ Hyde Park Rink (Sun) _____ Hyde Park Rink (Mon)
_____ Hamburg Rink (Sat)

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of volunteers who are under age 18 and/or require such additional permission.)

I agree [give my permission for the volunteer listed on this form] to voluntarily assist Gliding Stars in various activities or events as I choose, and to cooperate fully with those in charge of each activity or event.

I agree [give my permission for the volunteer listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Signature (if 18 or older)

Parent/Guardian Name (if volunteer under age 18)
(please print)

Parent/Guardian Signature (if volunteer under age 18)

Date

Have you ever been convicted of a crime?

___ Yes ___ No

If yes, Date: _____ Jurisdiction: _____

Gliding Stars Chapter Notes:
