FINDLAY, OHIO CHAPTER



P.O. Box 1561 FINDLAY, OHIO 45839 USA TEL: 419-423-4536 www.glidingstars.org

**Volunteer Registration Form 2015-2016** 

Last Name:	First Name:	Salutation:	Date of Birth:	
Gender:	Involvement with	Involvement with Gliding Stars:		
Male	Years Volur	Years Volunteering with Gliding Stars		
Female	New This Yo	his Year (Welcome to Gliding Stars!)		
Address:		City:	Zip Code:	
Email:		Cell Phone:	Home Phone:	
Do you give Gliding Stars permiss Yes Numbe No	sion to text you about e er(s) to Text:	- ,	, -	
How would yo	u like to help? (Plo	ease check all tha	t apply)	
On Ice		Off	Ice	
Please Indicate Skatin	g Level	Skate Room Help		
Beginner		Equipment		
Intermediate				
Advanced				

## Information on Volunteer:

Information on Volunteer:		
Place of Employment / School:		
Position / Grade:		
Address of Employer / School D	istrict:	
Does your company have a volu	inteer incentive program that gives money to o	rganizations
based on the amount of hours v	volunteered? YES No	
Does your company have a mat	ching gift program? YesNo	
Will you need documentation o	f hours volunteered for community service? _	YesNo
	, please complete the following Parent/Guard	an Information:
Parent / Guardian Name:		
Address: (if different than volun	nteer's):	
City:		
Zip Code:		
Cell Phone:		
Email:		
Do you give Gliding Stars Permiss	ion to text you about emergency cancelations and t YES No	upcoming events?
	Emergency Contact Information	
Emergency Contact Name:	Lineigency contact mornation	
Relationship to Skater:		
Home Phone:		
Cell Phone:		
Cent Hone.		
Agreement/Permission Stater	ment:	
, <del>-</del>	a parent or guardian of participants who are under age 1	8 and/or require such
additional permission.) agree [give m Stars in weekly adaptive ice skating so	ny permission for the volunteer listed on this form] to passions and the Ice show at the conclusion of the progra harge of each session or event that are part of the Active	articipate with Gliding m season ("Activity"),
permission for the volunteer listed on	this form] to be photographed, videotaped, or interview	ed by any television,
	person or group, and that the gathered material ma	
	Gliding Stars published materials or in other ways for the fon behalf of the volunteer listed on this form] that ice s	
physical risk and I assume all risk for	property damage, personal injury or death to the volunte	er as a result of or in
	d the skater's use of the Property. I agree [on behalf of the armless the Gliding Stars from and against, any and all le	
claim, expense, fines, penalty, interest	, cost, or other obligation of any nature, and injury to or de	eath of any person, or
	rising as a result of or in connection with the Activity or r OF THE ABOVE CAN BE CROSSED OUT OR ALTERED	
Volunteer Name (please print):	Parent/Guardian Name (please print):	Date:
,		
Volunteer Signature:	Parent / Guardian Signature (If under the age of 18 and	or require such
1	additional permission):	