

Gliding Stars of Erie
P.O. Box 11304
Erie, PA 16514

glidingstarsoferie@gmail.com
www.glidingstars.org



Volunteer Registration Form 2021-2022

Please print and complete all items.

| | | | | |
|---------------------------------------|--|-------------|----------------|-------------|
| Last Name: | | First Name: | Date of Birth: | County: |
| Gender: _____ Male _____ Female | Involvement with Gliding Stars: _____ Years _____ New this Year (Welcome!) | | Home Phone: | Cell Phone: |
| Street Address: | | State: | Email: | |
| City: | | Zip Code: | | |

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events? Yes No
Number(s) to text: _____

| Emergency Contact #1 Parent, if Volunteer is under 18 | Emergency Contact #2 |
|--|---|
| Name (Parent / Guardian): | Name: |
| Relationship To Volunteer: | Relationship to Volunteer: |
| Address: | Address: |
| City/Zip: | City/Zip: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Email: | Email: |
| How would you like to help? | |
| On Ice? Skating ability? Beginner _____ Intermediate _____ Advanced _____ | Off Ice? Check in table _____ Equipment _____ Fundraising _____ Clerical _____ Event help/set up, tear down _____ Special occasion help _____ |

See side 2

| Volunteer School or Employment | |
|---|---|
| Employer/School Name: | Address or School District Name: |
| Does your employer have a volunteer incentive program or matching gift program? Yes _____ No _____ | Do you need service hour documentation? Yes _____ No _____ |

Agreement/Permission Statement:

I agree to allow the volunteer listed on this form to participate with Gliding Stars of Erie during weekly sessions, rehearsal sessions and the ice show at the conclusion of the skating season and to cooperate fully with person(s) in charge of each session. I give permission for this volunteer to be photographed, video taped or interviewed by media or private persons for use in Gliding Stars program promotion(s). I understand that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death as a result of or in connection with Gliding Stars and property. I agree to indemnify, defend and hold harmless the Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost or other obligation of any nature, injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with Gliding Stars or use by the volunteer of the property. NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

| | | |
|---|---|------|
| Volunteer Name (please print) | Volunteer Signature: | Date |
| Parent/Guardian (if volunteer is under 18 – please print) | Parent/ Guardian Signature (If under the age of 18 and/ or require such additional permission.) | |