



VOLUNTEER REGISTRATION FORM 2023-2024 SEASON

Gliding Stars of Western New York
1307 Military Road | Buffalo, NY 14217
716-608-8345 | infogs@glidingstars.org

Please print legibly in pen and complete all sections of this form.

Contact Information

Last Name _____ First Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Preferred phone number _____ Preferred method of contact _____

Preferred Skater (if applicable): _____

Number of seasons volunteering with Gliding Stars _____ I'm new this season _____ (Welcome!)

How did you hear about us? _____

Emergency Contact Information

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship to Volunteer:	Relationship to Volunteer:
Address:	Address:
City/Zip:	City/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email (optional):	Email (optional):

Are you signed up to receive text updates on cancellations and Gliding Stars events from rainedout.com? Yes No

*If you signed up during a previous season, you do not need to sign up again!

How would you like to help? (Please select all that apply)

On Ice

Please indicate skating level:

Beginner Intermediate Advanced

Please choose your rink location/day:

Hyde Park (Sundays)
 Southtowns Location

Off Ice

Event and fundraising help

Skate room/help at the rink

Sewing – please indicate skill level:

Advanced Intermediate Beginner

Employment

Employment

Are you currently employed? YES NO --- If YES, employer and job title _____

Does your company have a volunteer incentive program that gives money to organizations based on the amount of hours volunteered? YES NO

Does your company have a matching gift program? YES NO

Education

Are you a currently student? YES NO --- If YES, name of school and grade level _____

Will you need documentation of hours volunteered for community service? YES NO

Volunteer Agreement

1. Volunteer Responsibilities. The Volunteer agrees to 1) commit to skating at nearly all practices and the dress rehearsal and ice show, 2) act professionally and within appropriate personal boundaries when representing Gliding Stars, and 3) properly record their hours and contributions and watch the video training modules online.

2. Gliding Stars Responsibilities. Gliding Stars agrees to 1) provide training, resources, and support to the best of its ability, 2) act professionally and considerately when interacting with volunteers, and 3) provide documentation of volunteer hours and contributions upon request.

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.) I agree *[give my permission for the volunteer listed on this form]* to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. 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. I understand *[on behalf of the volunteer listed on this form]* that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death to the volunteer as a result of or in connection with the Activity and my and the skater's use of the Property. I agree *[on behalf of the skater listed on this form]* 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, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.**

Volunteer Name (Print): _____

Volunteer Signature: _____ Date: _____

If under the age of 18, Parent Name (Print): _____

Parent Signature: _____ Date: _____