



Volunteer Application

Therapeutic Recreation For Youth & Adults
P.O. Box 2866 * Great Falls, MT 59403
406-454-1449 * eagle_mountgf@eaglemount.net
www.eaglemount.net

This section is for office use only:

Name: _____ Birthdate: _____

Gender: M F Weight: _____ Height: _____

Mailing Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Best way to contact you? Phone Email Mail

Please send all correspondence and schedules to: Self Other: _____

List programs/activities you are interested in: _____

How did you hear about Eagle Mount and what are your expectations? _____

Please list any physical limitations, allergies, or other concerns that may affect your volunteering: _____

Special groups/disabilities you would like to work with: _____

Persons: Adults Children No Preference

Please list volunteer or other experience, if any, that you feel would be helpful to the Eagle Mount programs (please note that experience is NOT necessary to volunteer with us): _____

Parents/Legal Guardian (if a minor): _____ Home Phone: _____

Mailing Address: _____

Cell Phone: _____ Work Phone: _____ Email: _____

EMERGENCY INFORMATION

Name	Relationship
Address	Phone
Insurance Company	Group #
Name of Insured Party	Policy #

PLEASE COMPLETE OTHER SIDE

Eagle Mount Volunteer Release of Liability / Information

Initialing each of the following paragraphs and signing below states that you have read each statement thoroughly, understand that you may have given up substantial rights by initialing and signing this release, have not changed it orally, and initial and sign it voluntarily.

In consideration of being allowed to volunteer in any way in Eagle Mount-Great Falls, and/or Disabled Sports USA recreation programs, related events, and activities, I and/or minor volunteer and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

INITIAL

_____ Agree that prior to volunteering I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor volunteer to inspect to the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor volunteer will immediately advise an Eagle Mount-Great Falls staff person of such condition(s) and refuse to participate.

_____ Acknowledge and fully understand that I and/or minor volunteer, will be engaged in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

_____ Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

_____ Release, waive, discharge and covenant not to sue Eagle Mount-Great Falls, and/or Disabled Sports USA, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

_____ Give permission for Eagle Mount-Great Falls to obtain for me emergency medical treatment, as they deem advisable.

_____ Give permission for Eagle Mount-Great Falls to use photographs, videos and general information about me in their efforts to publicize their programs.

_____ Acknowledge and fully understand that Eagle Mount-Great Falls staff members have the authority to exclude volunteers from the program for behavior they deem unsafe. Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior.

_____ Understand and agree that information regarding Eagle Mount participant or volunteer medical history, family background, and other personal information will be kept strictly confidential.

_____ I understand volunteering for Eagle Mount is NOT an employment offer. (The Executive Director is the only one authorized to hire and/or fire employees of Eagle Mount. If you have questions or concerns regarding employment or a possible opening within the company, you must contact the Executive Director directly.)

I have read the above waiver and release and I understand that I may have given up substantial rights by signing and sign voluntarily.

The following questions are asked for the protection of our participants. All answers are strictly confidential. Please contact the Executive Director if you have any questions:

- | | | |
|--|---|---|
| 1. Have you ever been convicted of any crime including sexual abuse related offenses? | Y | N |
| 2. Do you have any criminal charges pending against you or are you currently on probation? | Y | N |
| 3. Have you ever had your drivers license suspended or revoked in any state? | Y | N |

We reserve the right to copy your Drivers License, State I.D., or Student I.D. for identity verification.

If you answered yes to any of the previous questions, please explain in detail: _____

I give permission to Eagle Mount-Great Falls to verify any information provided, which may include a criminal background check to determine volunteer eligibility. Applicants who provide false information shall be disqualified or terminated from volunteering or participating with Eagle Mount: **Volunteer's Social Security Number:** _____

Volunteer's Signature

Date

Parent/Legal Guardian Signature

Date