



VOLUNTEER PROFILE WINTER/SPRING 2018

Please fill out the following information for each person interested in volunteering for GLASA programs or events and complete the waiver on the following page. When you are done, please email both pages back to Micaela Fedyniak, GLASA Program Director/Volunteer Coordinator, at mfedyniak@glasa.org. You will be contacted after your information has been reviewed. If you are considered an appropriate candidate, you will be sent season specific volunteer information for all programs and events happening. If you have any questions, please feel free to email mfedyniak@glasa.org or call 847-283-0908. Thank you for your interest in volunteering for GLASA and making a difference!

VOLUNTEER INFORMATION

First & Last Name: _____ DOB: _____ Gender: _____

E-Mail: _____ Cell Phone: _____

Street Address: _____

City: _____ Township: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

If a student- name of school: _____ Grade/Year: _____

Emergency Contact: _____ Cell Phone: _____ Relation: _____

Languages spoken: _____

Volunteered with GLASA before? Y - N Any experience working with people with disabilities? Y - N

How did you hear about GLASA? _____

Reason for volunteering: _____

Any additional information about you (special skills, certifications, etc.): _____

I am available:

Mornings (Monday - Friday)

Afternoons (Monday - Friday)

Evenings (Monday - Friday)

Weekends

Once a week

One time only

As needed

OTHER: _____

Program Interest - Please indicate all sports/events interested in:

Air Rifle

Archery

Boccia

Cycling

Field

Goalball

Kayaking

Office Assistance

Power Soccer

Powerlifting

Sailing

Sled Hockey

Special Events

Swim

Tennis

Track

Water Skiing

Wheelchair Basketball

Wheelchair Football

Yoga

Don't forget to complete GLASA's Waiver (next page) . . . Thank you!

Waiver Form - GLASA

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.

BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.

PARTICIPANT'S NAME: _____ DATE OF BIRTH: ____/____/____

SPONSORING ORGANIZATIONS: Adaptive Sports USA and Great Lakes Adaptive Sports Association

IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Adaptive Sports USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Adaptive Sports USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, and assume full responsibility for my participation; and,

3. I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or necessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,

4. FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, I HEREBY RELEASE AND HOLD HARMLESS Adaptive Sports USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, BOARD MEMBERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

PUBLICITY STATEMENT: I **DO NOT** _____ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education. I understand that if I do not initial the "DO NOT" line above, then my picture may be used by the agency in promotional and educational materials, including but not limited to printed materials and online publications.

EMERGENCY TREATMENT PERMISSION: I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached or am incapacitated at a time when treatment is necessary.

TRANSPORTATION PERMISSION: I know that GLASA is not a common carrier nor in the business of providing transportation services to the public, acknowledging that there may be special events or programs in which GLASA does provide transportation. I agree to assume the full risk of any injuries, damages or loss, regardless of severity that I may sustain as a result of participating in any and all activities connected or associated with receiving transportation services, including but not limited to injuries, damages and loss arising out of negligent operation of the vehicle. I further agree to waive and relinquish any and all claims that are in any way associated with transportation I may have (or which may accrue to me in the future) against GLASA, including its respective board members, volunteers and employees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AM SIGNING IT FREELY AND VOLUNTARILY.

PARTICIPANT'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Adaptive Sports USA and Great Lakes Adaptive Sports Association from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

PARTICIPANT'S SIGNATURE

DATE SIGNED

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

EMERGENCY PHONE NUMBER: _____

