



2009 Volunteer Application

Therapeutic Recreation for People with Disabilities or Cancer

6901 Goldenstein Lane • Bozeman, MT 59715
406-586-1781 FAX 406-586-5794
e-mail: eaglemount@eaglemount.org

For Office Use Only	
<input type="checkbox"/> DP List Date Received _____	
Date Contacted _____	

Thank you for completing the following questions and for your interest in being an Eagle Mount-Bozeman volunteer. It is because of the gift of your time that we are able to offer these programs.

Name _____ Birthdate _____

Mailing Address _____
Street Address City State Zip

Permanent Address _____
Street Address City State Zip

County _____ E-mail _____

Home _____ Cell _____

Employer _____ Work Phone _____ Student _____
School

If you have any physical limitations that will hinder your capabilities as a volunteer, please list below:

Check program(s) you are interested in:

- | | | | |
|--|---|---|---|
| Skiing Program | Aquatics Program | Equine Program | Other Programs |
| <input type="checkbox"/> Downhill | <input type="checkbox"/> Swim Skills | <input type="checkbox"/> Riding | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Unmounted Activities | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Therapeutic Exercise | | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Aqua Experience | | <input type="checkbox"/> Kayaking |
| | | | <input type="checkbox"/> Ice Skating |
| | | | <input type="checkbox"/> Cycling |
| | | | <input type="checkbox"/> Saturday Night Out (Respite Program) |

How did you hear about Eagle Mount? Word of Mouth An Event Newspaper TV Website Radio Presentation
 Newsletter Other _____

Please list any certification and/or trainings: _____

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

Physical Developmental Adults Children Other

Past experience with disabilities _____

Days/Hours Available _____ Regular Substitute Uncertain

Please notify us at once if your availability changes. Availability uncertainties can be worked out at a later date.

The following section must be completed to participate:

Yes No Have you ever been convicted for any felony crime involving "offense against the person," including assault, drugs, sexual or other abuse of children, endangering welfare of children, or of any felony crime involving "offense against property," including theft, burglary or crime fraud?

If you answered yes, please describe the nature and date of the conviction and the penalty or punishment _____

Please provide your Social Security Number _____

The undersigned applicant acknowledges that Eagle Mount may conduct a background check and/or inquiry about me:

Signature _____ Date _____

EMERGENCY INFORMATION

Emergency Contact _____
Name Relationship Phone Number

Food/Drug Allergies _____

Existing Conditions/Meds _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

DS/USA and Eagle Mount Bozeman Waiver & Release Form

In consideration of being allowed to participant in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and Eagle Mount-Bozeman of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging 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 own actions, inactions 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.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and Eagle Mount-Bozeman, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers 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.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X

Participant's Name (PLEASE PRINT CLEARLY)	Signature	Date
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FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X

Parent's Signature & Emergency Phone	Name & Date (PLEASE PRINT CLEARLY)
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MEDIA RELEASE FORM

Name _____ Age _____ Male ___ Female ___
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Eagle Mount-Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA and Eagle Mount-Bozeman may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X

Signature of Participant/Guardian	Date
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EAGLE MOUNT BOZEMAN

- I understand that Eagle Mount- Bozeman respects its participant's, staff and volunteer's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside of the organization.
- I understand that Eagle Mount- Bozeman staff members have the authority to exclude participants from the program for behavior they deem to be unsafe. Use of alcohol and illegal drugs, or being under their influence, is unsafe behavior.
- I give permission for the exchange and release of medical and confidential information regarding the volunteer to professionals and staff.
- This is to certify that I (do/do not) give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participant in Eagle Mount Bozeman activities.

X

Signature of Participant/Guardian	Date
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