



2010 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	
Application	<input type="checkbox"/> DP
Equine	<input type="checkbox"/> Ski
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 _____ Sex M F

Mailing Address _____
Street Address City State Zip

Home _____ Cell _____ E-mail _____

Employer _____ Work Phone _____ Student _____

School _____

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

Check program(s) you are interested in:

- | | | | | | |
|--|--|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Skiing Program | <input type="checkbox"/> Aquatic Program | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> An Event | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Downhill | <input type="checkbox"/> Adventure Days | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Radio |
| <input type="checkbox"/> XC-Ski/Snowshoe | <input type="checkbox"/> Equine Program | <input type="checkbox"/> Saturday Night Out | <input type="checkbox"/> Presentation | | |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Office/Special Events Help | | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other _____ | |

How did you hear about Eagle Mount?

Please list any certification and/or trainings: _____

Any other skills/talents that we should know about: _____

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.

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 _____

EAGLE MOUNT BOZEMAN

- I agree to respect Eagle Mount- Bozeman participants', staff, and volunteers' rights with regard to privacy of information and to keep "professional" confidentiality in all my statements both within and 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 or illegal drugs is unsafe behavior.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I 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 participation in Eagle Mount Bozeman activities.

X _____
Signature of Participant/Guardian Date

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

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)

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