



Volunteer Enrollment Form

(To process, form must be complete. Please print.)

General Information

Please Circle T-Shirt Size: S - M - L - XL - XXL

Name: _____ Home #: _____ Work #: _____ D.O.B: _____
 Home Address: _____ City: _____
 State: _____ Zip Code: _____ County: _____
 Emergency Contact: _____ Relationship: _____ Phone #: _____

Volunteer Interests: (check all that apply)

- Team Sports Weekend Programs Special Events Fundraising Community Awareness Clerical
 Committee Work Coaching Youth Programs Coaching Adult Programs Activity Planning

Volunteering with Groups: (check all that apply)

- Youth Adults

Hours and Days of Availability: (check all that apply)

- Flexible Prefer Weekdays Prefer Weekends Holidays Prefer Evening Hours

Skill Section: (check all that apply)

Sport Specific Skills:

- EMT*
 Swimming Instructor
 Judge
 Coach/Trainer*
 Referee*
 Other _____

Sport Interest:

- Basketball
 Quad Rugby
 Beep Baseball
 Track & Field
 Power Soccer
 Golf
 Water Skiing

- Racing
 Rock Climbing
 Kayaking
 Sailing
 Sit Volleyball
 White Water Rafting
 Scuba Diving

- Horseback Riding
 Wheelchair Fitness
 Swimming
 Snow Skiing
 Hunting and Fishing

Other Specific Skills:

- Computer Instructor/Teacher Organizing groups/activities
 General Clerical Skills Videography Marketing & Public Relations
 Other _____ Photography

*If current please provide evidence of certification or licenses for volunteer file.

Please list two references (not relatives).

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Please read the following information and sign below. (Unsigned and incomplete forms will not be processed)

General Consent

WAIVER, RELEASE, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate as a volunteer in the RHI Sports Program ("Program"), I, and if I am not 18 years, old my parent or legal guardian, agree to be bound by each of the following:

1. Identification of Risks. I understand that participation in the Program may involve risk of injury, disability or death.
2. Assumption of Risks. I assume all risks connected with my participation in the Program. I accept personal responsibility of any liability, injury, loss or damage in any way connected with my participation in the Program.
3. Waiver of Release. I release and discharge RHI and RHI Sports, and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Program. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue and legal action or claim for such liability, injury, loss or damage.
4. Consent for Medical Treatment. I agree that RHI and the RHI Sports may, but have not duty to provide me, through medical personnel of their choice, medical assistance, transportation, and emergency medical services.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

Signature _____

Date _____

Printed Name _____

IF THE PERSON PARTICIPATING IN THE PROGRAM IS NOT YET 18 YEARS OLD: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

Signature: _____ **Date:** _____

Parent/Legal Guardian Name: _____ **Home Address:** _____

City _____ **State** _____ **IN** _____ **Home #:** _____ **Work #:** _____

**Please return form to: Attention to Sports Coordinator, RHI Sports Program, 4141 Shore Drive,
Indianapolis, IN 46254. Phone # 317-329-2281.**

For Staff Use Only.

Will the individual require a background check conducted based upon their volunteer activities with RHI Sports?

Yes ___ No ___

Date interviewed: _____ **By:** _____

Accepted/Rejected (Based upon background check).

Staff Signature: _____

Date: _____

Approved: Yes ___ **No** ___