



Office Use	
Date:	_____
BC date:	_____
Approved	Denied

**VOLUNTEER APPLICATION (for Minors)
CONFIDENTIAL**

Last Name: _____ First Name: _____ Middle Initial: _____ Suffixes: _____

SSN: _____ - _____ - _____ DOB: _____ Age: _____ Gender: _____

School: _____ Contact Person: _____

Permanent Address: Street: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ E-mail: _____

PLEASE READ BEFORE SIGNING

- I grant Team Activities for Special Kids permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Team Activities for Special Kids.
- In the course of volunteering for Team Activities for Special Kids, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Team Activities for Special Kids and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Team Activities for Special Kids.
- I understand that it is my responsibility to notify Team Activities for Special Kids of any change of information provided in this application during the time I serve as a Team Activities for Special Kids volunteer.
- I affirm that I have read and understand the above and that the information I have given is true and complete.

Signature: _____ Date: _____

TWO (2) REFERENCES (reference to exclude relative or legal guardian)

#1 - By signing below, I confirm the following:

I know _____ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Team Activities for Special Kids.
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Team Activities for Special Kids athlete or others who participate in Team Activities for Special Kids.

Signed: _____ Printed Name: _____

Date: _____ Day Phone Number: () _____

#2 - By signing below, I confirm the following:

I know _____ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Team Activities for Special Kids.
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Team Activities for Special Kids athlete or others who participate in Team Activities for Special Kids.

Signed: _____ Printed Name: _____

Date: _____ Day Phone Number: () _____

The above information is strictly confidential and will be used ONLY for Team Activities for Special Kids sanctioned events.

Signature of Parent or Guardian: _____

Please attach a photo ID

Updated 5/1/2011