

NAME Please indicate First, Middle and Last name			Date	
	S			
CURRENT ADDRESS,	if different			
HOME PHONE		CELL PHONE		
DATE OF BIRTH				
E-Mail				
	s	PORTS		
Basketball	Golf	Soccer	Running	
Bowling	Softball	Swimming	Water Arobics	
		o interested in:		
Special Events	Tutoring Athletes	Assisting in Office	_	
5	nation is requested on each volunte er for Champion Athletes of the Oz			
Have you ever been cHave you ever been c	gs? Yes No onvicted of a criminal offense? Y harged with neglect? Yes se ever been suspended or revoke	No)	
If you have answered ye	es to any of the above questions ple	ase give details		
► List 2 non-family refer	ences: Relationship		Phone Number	
1	•	r		
2.				

Please read before signing - I understand that by signing below I acknowledge

The information I have provided may be verified, and I give my permission to Champion Athletes of the Ozarks to make inquiry of others concerning my ability to act as a volunteer for Champion Athletes of the Ozarks. The relationship between Champion Athletes of the Ozarks and the volunteer is an at will agreement, it may be terminated by either party at any time without cause. In the course of volunteering for Champion Athletes of the Ozarks I may be dealing with confidential information and I agree to keep all information in strict confidence. I grant Champion Athletes of the Ozarks permission to use my likeness, voice, and words in film, radio, television or any form to promote activities of Champion Athletes of the Ozarks. I hereby release, relieve & hold harmless Champion Athletes of the Ozarks, its staff board members & representatives from any liability or claim of liability, including liability for bodily injury or property damage arising out of or in connection with my participation in the event.