Volunteer Information Form

Name: Phone:		Do you have any allergies? Yes If yes, please list:	No
Sex: F M Height:	Weight:	Do you take any medications?	
General Physical Conditi	on: Good Fair Poor	Do you have medical insurance?	Yes No
Emergency Contact:			
Relationship:			
Phone:	Alte	ernate Phone:	
Signature: *Parent or guardian if under 18		Date:	
For Full Potential Adve	ntures, Inc. Use only		
Volunteer is a:	Ski CoachLod	lge ParentOther/Unspecified	
If volunteer is a ski coad	ch, please fill out the following sect	ion:	
Skier Ability:	BeginnerInte	ermediateAdvanced	
Equipment is:	Borrowed from FPA	Owned by Volunteer	
	Equipme	ent Assignment	
	Skis B	oots Helmet	
	Date Assigned:	:/	
	Date Returned:		

Volunteer Agreement

I understand that my volunteer efforts are very much appre	ciated by Full Potential Adventures, Inc. I also understand
that volunteering with Full Potential Adventures, Inc. is not	a paid position and am therefore not entitled to
reimbursement for any volunteer work. I am however eligil	ole for any and all volunteer appreciation events and/or
activities(initial)	
I agree to notify Full Potential Adventures, Inc. in the event (initial)	that I should decide to terminate my volunteer involvement
I hereby give permission for my photograph and videos take promotional purposes. This includes news releases, television	•
newsletters, etc. that are created or authorized by Full Pote	
newsietters, etc. that are created or authorized by Full Pote	illiai Auventures, ilic(illitiai)
I testify that I have not been convicted of a felony offense o (initial)	r of any offence involving abuse or neglect
Volunteer Signature:	Date:
Witness Signature:	Date:
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