

Volunteer Information Form

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Sex: F M Height: _____ Weight: _____

Primary Physician: _____

Physician Phone: _____

Do you have any allergies? Yes No

If yes, please list: _____

Do you take any medications?

If yes, please list: _____

General Physical Condition: Good Fair Poor

Do you have medical insurance? Yes No

Emergency Contact: _____

Relationship: _____

Phone: _____ Alternate Phone: _____

Signature: _____ Date: _____

*Parent or guardian if under 18

All of your information is kept in confidence and used strictly for the purposes of the program. We will never give away or sell any of your information.

For Full Potential Adventures, Inc. Use only

Volunteer is a: _____ Ski Coach _____ Lodge Parent _____ Other/Unspecified

If volunteer is a ski coach, please fill out the following section:

Skier Ability: _____ Beginner _____ Intermediate _____ Advanced

Equipment is: _____ Borrowed from FPA _____ Owned by Volunteer

Equipment Assignment

Skis	Boots	Helmet

Date Assigned: ____/____/____

Date Returned: ____/____/____

Volunteer Agreement

I understand that my volunteer efforts are very much appreciated 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 eligible for any and all volunteer appreciation events and/or activities. _____ (initial)

I agree to notify Full Potential Adventures, Inc. in the event that I should decide to terminate my volunteer involvement. _____ (initial)

I hereby give permission for my photograph and videos taken of me to be used by Full Potential Adventures, Inc. for promotional purposes. This includes news releases, television, the organization website, brochures, posters, newsletters, etc. that are created or authorized by Full Potential Adventures, Inc. _____ (initial)

I testify that I have not been convicted of a felony offense or of any offence involving abuse or neglect. _____ (initial)

Volunteer Signature: _____ Date: _____

Witness Signature: _____ Date: _____