

**Rolling Thunder Special Needs Program, Inc
Coaches/Volunteer Sports Application & Release Form**

Name Date of Birth

Current address City State Zip code

() _____ () _____

Home Phone Cell Phone E-Mail

Level of Education Current Employer/School Name Occupation/Academic Major

Parent/Guardian Name (if under 18)

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment) or are there any pending criminal charges awaiting a hearing in court of law? Do not list any criminal charges for which records have been expunged. Conviction of a crime is not an automatic disqualification for coaching/volunteer work. Yes No

If you answered YES, please describe all convictions, when they occurred, the facts and the circumstances involved, and information pertaining to rehabilitation. _____

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name Relationship

() _____ () _____

Home Phone Cell Phone

Volunteer Experience:(List the most recent service positions)

Position: _____ Position: _____

Agency: _____ Agency: _____

Date(s): _____ Date(s): _____

Duration of Volunteer/Coaching Services:

One Time 1-3 months 3- 6 months 6-12 Months

More than 1 year, if over a year, how long: _____

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party both legal and proper interest. I release the agency from any liability whatsoever for supplying such information.

I understand that I must be at least 15 years of age to volunteer with Rolling Thunder Special Needs Program, Inc (RTSNP) and if I am under the age of 18 years of age and/or attending high school I will need parental consent.

Applicant’s Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____

Liability Release

I, _____, would like to participate in the Rolling Thunder Special Needs Inc. (RTSNP) sports program. I acknowledge the risks and potential for risks of participating in various sports. However, I feel that the possible benefits to me are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against RTSNP Inc., its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in RTSNP Inc. sports program. Furthermore, I give permission for Rolling Thunder Special Needs Program’s Event Coordinators to sign my name on race applications so as to expedite the registration process.

Signature: _____ **Date:** _____

Parental Signature (if under age 18): _____ **Date:** _____

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by Rolling Thunder Special Needs Program, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Parental Signature (if under age 18): _____ **Date:** _____

**Rolling Thunder Special Needs Program, Inc.
Coaches/Volunteers Questionnaire**

Name: _____

Date: _____

Please answer the following questions in regards to your coaching/volunteer experience

Special training, skills, hobbies _____

Groups, clubs, organizational membership's _____

Please describe your prior coaching/volunteer experience _____

What experiences have you had that may prepare you to work as a coach/volunteer for our organization?

Why do you want to coach/volunteer? What do you want to gain from this experience?

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

REFERENCES

Please list two people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number