



**SPORTS for Exceptional Athletes  
VOLUNTEER APPLICATION  
for SPORTS Camp Chaperone**

ID Checked by: _____ Date _____
State: _____ Exp. Date: _____

updated 11/10/11

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone:( \_\_\_\_\_ ) Email: \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) Wk Phone:( \_\_\_\_\_ ) Shirt Size: \_\_\_\_\_

I prefer SPORTS for Exceptional Athletes information, newsletters, etc. be sent by:  Email  Mail

Auto Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

I understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect automobile liability insurance, and will not hold SPORTS for Exceptional Athletes or anyone associated with it liable.

Employer: \_\_\_\_\_ Title/Position \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone

Reason for volunteering: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Areas of Interest: (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Coaching</b><br><input type="checkbox"/> Baseball<br><input type="checkbox"/> Basketball<br><input type="checkbox"/> Bocce<br><input type="checkbox"/> Bowling<br><input type="checkbox"/> Cycling<br><input type="checkbox"/> Flag Football<br><input type="checkbox"/> Floor Hockey<br><input type="checkbox"/> Golf<br><input type="checkbox"/> Ice Skating-Figure<br><input type="checkbox"/> Ice Skating-Speed<br><input type="checkbox"/> Judo<br><input type="checkbox"/> Sailing | <input type="checkbox"/> <b>Snow Sports</b><br><input type="checkbox"/> Cross Country Skiing<br><input type="checkbox"/> Downhill Skiing<br><input type="checkbox"/> Snowboarding<br><input type="checkbox"/> Snowshoeing<br><input type="checkbox"/> Soccer<br><input type="checkbox"/> Softball<br><input type="checkbox"/> Swimming<br><input type="checkbox"/> Table Tennis<br><input type="checkbox"/> Tennis<br><input type="checkbox"/> Track & Field<br><input type="checkbox"/> Volleyball<br><input type="checkbox"/> Walking Club | <input type="checkbox"/> <b>Competitions</b><br><input type="checkbox"/> Scorekeeper/Timer<br><input type="checkbox"/> Cheer Team<br><input type="checkbox"/> Team Aide<br><input type="checkbox"/> Referee/Umpire<br><input type="checkbox"/> Sports:<br><hr/> <input type="checkbox"/> Medical Support<br><input type="checkbox"/> Type:<br><hr/> <input type="checkbox"/> Set-up/Clean-up<br><input type="checkbox"/> Meal Prep/Service<br><input type="checkbox"/> Logistical Support | <input type="checkbox"/> <b>Other</b><br><input type="checkbox"/> Office/clerical<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Graphic Design<br><input type="checkbox"/> Board Committees<br><input type="checkbox"/> Athlete/Family<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Public Relations<br><input type="checkbox"/> Social Activities<br><input type="checkbox"/> Sports/Competition<br><input type="checkbox"/> Volunteers<br><input type="checkbox"/> <b>SPORTS Camp</b><br><input type="checkbox"/> Session #1<br><input type="checkbox"/> Session #2<br><input type="checkbox"/> Session #3 |
|--|--|---|--|

Other areas of interest: \_\_\_\_\_

Personal References: (please list two non-relatives)

1. \_\_\_\_\_  
Name Address City Zip Phone

2. \_\_\_\_\_  
Name Address City Zip Phone

All applicants must truthfully answer the following questions:

- Have you ever been convicted of a felony or misdemeanor?  YES  NO
- Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?  YES  NO
- Do you use illegal drugs?  YES  NO
- Has your driver license ever been suspended or revoked?  YES  NO

If yes, describe each in full. List offenses giving dates and in which city, county and state each took place.

\_\_\_\_\_



**SPORTS for Exceptional Athletes  
VOLUNTEER APPLICATION  
for SPORTS Camp Chaperone**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**Volunteer Terms and Conditions:**

1. I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
2. I understand that I may decline any volunteer role or position at any point if I feel my health may be jeopardized.
3. In consideration of my being accepted as a volunteer for SPORTS for Exceptional Athletes, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that I may suffer as a result of volunteering for SPORTS for Exceptional Athletes. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to my volunteering for SPORTS for Exceptional Athletes.
4. I hereby authorize SPORTS for Exceptional Athletes to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.
5. I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of me. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of my name, voice and any other identifiable representation of me. I have agreed to the above in consideration of the opportunity given to me by SPORTS for Exceptional Athletes to appear in these materials.
6. I hereby authorize SPORTS for Exceptional Athletes to schedule and complete a personal background check, including sexual abuse and criminal history.
7. I agree to adhere to the S4EA Code of Conduct. (Available for download on the S4EA website.)
8. By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosure, and that I agree with its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18, Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed Volunteer Application, together with the Consent for Background Check to:

SPORTS for Exceptional Athletes  
8380 Vickers St, Suite E  
San Diego, CA 92111  
Phone: 858-565-S4EA (7432)  
Fax: 858-496-7309  
E-mail: [sds4ea@gmail.com](mailto:sds4ea@gmail.com)  
Website: [www.s4ea.org](http://www.s4ea.org)

# Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street)  
 \_\_\_\_\_  
(City) (State/ Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street)  
 \_\_\_\_\_  
(City) (State/ Zip)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **SPORTS for Exceptional Athletes** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **SPORTS for Exceptional Athletes** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**SPORTS for Exceptional Athletes** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
 Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.