



APPLICATION FOR VOLUNTEER

PERSONAL DATA		
Last Name	First	Middle
Home Address		Permanent Address (if different from home address)
Street		Street
City	State	Zip
Telephone Number		Telephone Number
Person to contact in an emergency Relationship to you:	Name & Telephone Number	
VOLUNTEER INFORMATION		
Position(s) volunteering for:	When are you available to volunteer?	
Social Security Number	Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been incarcerated in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your participation in any youth program ever been refused or terminated? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Skills, Training, Hobbies		
Special Certifications (CPR, Coaching Cert, Etc)		
Community Affiliations (Clubs, Service Organizations)		
How were you referred to us?		
REFERENCES		
CHARACTER REFERENCES (Those individuals not related to you who can verify your character)		
Name	Phone	
Name	Phone	
Name	Phone	

I am applying to GEARS to participate in the volunteer capacity above. I hereby give GEARS permission to conduct a background investigation on me which may include, but not limited to, an individual/noncriminal justice agency criminal record check on me in accordance with Title 18 Pa. C.S. Chapter 91, inquiries of other criminal and child abuse records maintained by governmental agencies, and other inquiries related to the information I have provided above. I also understand that GEARS may refuse or terminate my participation for any cause, including, but not limited to: any falsification or material omission made on this application; information which could reasonably call into question my ability to work with children or to handle the moneys, funds, property or business affairs of GEARS; information which could reasonably be expected to damage the reputation of GEARS. I hereby release and agree to hold harmless from liability GEARS, any league with which GEARS is associated, employees, volunteers and representatives thereof, or any other person or organizations that may provide such information. I also understand that, regardless of previous appointments, GEARS is not obligated to appoint me to a volunteer position.

Signature: _____ Date: _____

I understand that GEARS does not have health or accident insurance on me and I agree that I shall be responsible for payment for any medical treatment, including transportation, caused by or arising out of any injury or death suffered by me or anyone related to me, my heirs, administrators or assignees, while traveling to or from, attending at, practicing or competing for, or otherwise participating in the activities of GEARS. I hereby release, discharge or indemnify GEARS and/or pertinent leagues, their successors, assigns and employees from all liability for injury to my person or damage to my property, however caused. This release and indemnification shall bind me, my spouse, heirs and legal representatives.

Signature: _____ Date: _____