



# New Volunteer Application (2023/24)

Last Name		First Name		Official: AKA:	Date of Birth
School & Grade In 08/2023		Uniform Size		Adult: S M L XL XXL	
Home Address		Contact Number		Cell : ( ) Home (if different): ( )	
Volunteer E-mail:		Preferred Volunteering Date ( ) Monday ( ) Wednesday			
From whom and/or how did you hear about COF?		If your preferred volunteering day (Mon/Wed) has no availability, are you able to volunteer on the other day? YES / NO			
Parent/Guardian E-mail:					
Mother/Guardian's Name:		Cell :( )			
Father/Guardian's Name:		Cell :( )			
<b>Emergency Contact</b> Information: (person who does not live with you)					
Name:		Relation to student:			
Phone #: ( )		Cell #: ( )			
Address:					



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**Liability Waiver:** I (Parent/Guardian in the case of a dependent) acknowledge that Circle of Friends in Love (herein after referred to as COF) will use and display photographs and videos of the above named person at COF related events in publications, multimedia productions, displays, advertisements and Internet Publications. The undersigned assumes all risks and hazards incidental to the participation in this sports program, including transportation to and from such activities, and does hereby release and waive any and all claims or actions for damage or injury of whatever kind against COF, its volunteers and/or participants, or Good Stewards Church, arising from any activities or actions of this program. I further grant permission for emergency first aid to be given to me (or this minor/adult) and to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that the physician deems necessary for my well being (or that of this minor/adult).

**NOTE:** COF members must be picked up at the end of any COF sponsored event. Local law enforcement will be contacted to assist with any member remaining 15 minutes beyond the end of the game, practice or other COF event.

### Parent/Guardian

Must be signed and kept on COF file. I have read and agree with the above statements.

Parent/Guardian Signature: \_\_\_\_\_

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

### Volunteer Registration Fees: \$150

Make check payable to: *Circle of Friends*

*Registration Fee will not be collected until COF confirms there is availability for the volunteer to join COF.*

*Additional donations gratefully accepted.*

*Have you thought of making Circle of Friends your charity of choice?*

**Due Date : This Application Form and the Medical Release/Insurance Form are due by 5/31/23, Other requirements, forms, and fee must be received by 8/28/23 for new volunteers that are accepted to join COF.**

**(Check New Volunteer Requirements Form for more details)**

*If you have any questions, contact Ross Gable at [rtgable@gmail.com](mailto:rtgable@gmail.com)*