

## VOLUNTEER APPLICATION

Application Deadline: August 1, 2016

### SERTOMA Fantasy Ice Skating Camp for Deaf and Hard-of-Hearing Youth

August 15-18, 2016

The Rinks Westminster Ice

13071 Springdale Street, Westminster

The minimum age for all volunteers is 18.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip Code

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**CAMP: 9:00 AM to 12:00 PM**--Volunteer hours will be from 8:30 AM to 12:30 PM.

**I will volunteer at Camp on the following days:**

Mon, Aug 15 \_\_\_\_\_ Tue, Aug 16 \_\_\_\_\_ Wed, Aug 17 \_\_\_\_\_ Thur, Aug 18 \_\_\_\_\_

**I would like to volunteer as a:**

Coach \_\_\_\_\_ Sign Interpreter \_\_\_\_\_ General Helper \_\_\_\_\_ First Aid \_\_\_\_\_

**I have volunteered with SERTOMA sports camp in prior years:** Yes \_\_\_\_\_ No \_\_\_\_\_

**I have current CPR Certification (August 2016):** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Personal References** (you have my permission to verify):

Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read/filled out/signed/sent the SERTOMA Megan's Law Volunteer Release Form** \_\_\_\_\_ (initial)

**I have read/filled out/signed/attached the SERTOMA \*Volunteer Release/Waiver Form** \_\_\_\_\_ (initial)

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** Contact: Larry Lopez at: larry.ocSERTOMA@yahoo.com

Please mail or e-mail your completed application and the \*Volunteer Release/Waiver Form to either:

US Mail: **SERTOMA Ice Skating Camp**  
**6172 Shawnee Road**  
**Westminster, CA 92683**

or... E-mail: **penny.ocSERTOMA@aol.com**

***Walk-up volunteers will not be admitted to Camp.***

# ***SERTOMA FANTASY ICE SKATING CAMP***



## **2016 VOLUNTEER RELEASE AND WAIVER FORM**

***In order to participate at Camp, every volunteer must have this Release Form completed, signed, and on file before the first day of Camp.***

Volunteer's Name \_\_\_\_\_  
Address, City, State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### **Liability Release.**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to release and to hold harmless Sertoma Fantasy Ice Skating Camp, North County Sertoma, the hosting site on which the Camp will occur, and the respective directors, officers, representatives, campers, members, and agents of Sertoma Fantasy Ice Skating Camp, the hosting site, and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons on the account of damages of any character resulting to myself in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name Here \_\_\_\_\_

### **Medical Release.**

I acknowledge and agree that such participation subjects myself to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize Sertoma Fantasy Ice Skating Camp to obtain necessary medical treatment for myself and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

### **Appearance Agreement.**

I understand that Sertoma Fantasy Ice Skating Camp from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp I may be included in videotapes or photographs taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Sertoma Fantasy Ice Skating Camp, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape myself and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Sertoma Fantasy Ice Skating Camp nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Camp will occur, and have signed this document voluntarily and of my own free will.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name Here \_\_\_\_\_

*Please send this Volunteer Release and Waiver Form with your Application before August 1, 2016.*

# ***SERTOMA FANTASY ICE SKATING CAMP***

## **2016 MEGAN'S LAW VOLUNTEER RELEASE FORM**



***In order to participate at Camp, every volunteer must have this Release Form completed, signed, and on file before the first day of Camp.***

To provide a safe and protective environment for all players & participants, SERTOMA Fantasy Ice Skating Camp is using the Megan's Law Database to verify background checks for all Camp Volunteers. This database identifies adults who are registered sex offenders.

Because you are volunteering during 2016 SERTOMA Fantasy Ice Skating Camp, you accept to a routine background check utilizing the Megan's Law Database. All volunteers must submit this Megan's Law Release Form prior to participation in this Camp. Your personal information will be used for this purpose only.

Thank you for your cooperation in increasing our ability to protect the well being of each of our Campers.

**\*\*\* \*\* \*\* \*\* \*\***

I acknowledge that I am not a registered sex offender and I give permission to SERTOMA Fantasy Ice Skating Camp to verify with the Megan's Law Public Database for confirmation.

Full Name (Please Print): \_\_\_\_\_

First Name Middle Name Last

Sex M / F    Volunteer Position \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License or California ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

*Please e-mail this completed form to: [teammattson@aol.com](mailto:teammattson@aol.com) before August 1, 2016.*

*For SERTOMA use only:*

*Date of Background Check:* \_\_\_\_\_

*Clearance approved: YES \_\_\_\_\_ NO \_\_\_\_\_*

*Completed by:* \_\_\_\_\_