



# VOLUNTEER APPLICATION

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

Current Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

T-Shirt Size (please circle): Youth L OR Adult S M L XL

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_\_ Male ( ) Female ( )

Employer/Other: \_\_\_\_\_ or Student at (name of school): \_\_\_\_\_

Areas interested in volunteering? Please check all that apply:

5k Race Day Volunteer ( ) 5k Committee ( ) Other ( ) \_\_\_\_\_

Past Experience: \_\_\_\_\_

Interested in becoming a coach? Please fill out our New Coach Application located on our website. (www.gotrsv.org)

**NOTE: ALL volunteers must sign the Volunteer Waiver/Release of Liability Form (page 2) or have a parent sign it if they are under 18.** In addition, all volunteers **over the age of 18** must also have a background check done prior to volunteering and fill out and sign the Background Investigation Consent (below). This is a requirement of GOTR International and our insurance company. It costs Girls on the Run of Silicon Valley (GOTRSV) \$10 for each background check. Please check the box below to indicate your sincere commitment to volunteering before we incur this expense.

( ) I am aware that it costs GOTRSV \$10 to cover the cost of my background check and I commit to following through on my assigned duties.

I hereby authorize Carolina Connections, Inc. (ADDRESS: P.O. Box 1604, Mount Airy, N.C. 27030 PHONE: (366)786-7030), Girls on the Run International, Girls on the Run of Silicon Valley, Inc., and its agents to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history and other reports as deemed necessary by Girls on the Run International. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; drug screening; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for Girls on the Run International and its agents. I further understand as long as I remain a volunteer for Girls on the Run International, this agreement will be binding. I hereby release Carolina Connections Inc., and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

## REQUIRED DATA for Background Check - Please print clearly

Full Name: \_\_\_\_\_  
First Middle Last

Maiden/Other: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Dates at Current Address: \_\_\_\_\_ List any additional addressed used in past 3 years and dates resided there: \_\_\_\_\_

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



GIRLS ON THE RUN OF SILICON VALLEY

VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I hereby agree to volunteer for Girls on the Run of Silicon Valley (the "Organization"). I acknowledge that there are inherent risks in participating in some of the activities of the Organization as a volunteer (such as the 5k Event) and that I am volunteering at my own request and at my own risk. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of the athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, other volunteers, spectators, coaches, event officials, and monitors and/or producers of the 5k Event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I hereby assume all of the risks of participating and/or volunteering for this Organization. \_\_\_\_\_ (initial).

I certify that I am physically able to volunteer for the Organization and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the Organization, Event holders, sponsors and organizers and that it will govern my actions and responsibilities at and with respect to my participation at the Organization's events.

In consideration of my application and permitting me to volunteer for the Organization, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the Organization's Events and activities, and the following entities or persons: Girls on the Run of Silicon Valley, designated event management companies, Town of Los Gatos, Santa Clara County Parks and Recreation, their officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my participation in the Organization's Events or activities, whether resulting from the negligence, omissions or admissions of the aforementioned entities or persons, or arising out of or resulting from, directly Accident Waiver and Release of Liability. \_\_\_\_\_ (initial)

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this Event.

I understand that at Organization Events and activities, I may be photographed and/or filmed. I agree to allow my name, voice, photo, video, or likeness relating to my participation with the Organization to be used for any legitimate purpose by Event holders, producers, sponsors, organizers and or assigns, and I waive all copyrights, rights of publicity or privacy and rights to any compensation in perpetuity to which I may otherwise be entitled as a result of the use of my name, voice, photo, video and/or likeness.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read the document; and, I understand its content.

Print Volunteer Name Age\*\* Signature Date

\*\*If Participant is under 18 years old, Parent or Guardian must also sign below

PARENT GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from al liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardians.

Print Parent of Guardian Name Age Signature of Parent of Guardian Date