



**Champion Athletes
OF THE OZARKS**

VOLUNTEER INFORMATION & TRACKING FORM

NAME _____
Please indicate First, Middle and Last name

Date _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____

E-Mail _____

SPORTS

Basketball _____ Golf _____ Soccer _____ Track & Field _____

Bowling _____ Gymnastics _____ Softball _____ Swimming _____

I am also interested in:

Special Events _____ Tutoring Athletes _____ Assisting in Office _____ Volunteers _____

If you would be interested in serving on a committee please indicate below. Information will be sent to you.

Sports Rules _____ Games _____ Special Events _____ Public Relations _____

Background information is requested on each volunteer that will be working with our Athletes. In order to be considered as a volunteer for Champion Athletes of the Ozarks please complete the following information.

Thank you for your time & interest in our athletes.

- ▶ Do you use illegal Drugs? Yes _____ No _____
- ▶ Have you ever been convicted of a criminal offense? Yes _____ No _____
- ▶ Have you ever been charged with neglect? Yes _____ No _____
- ▶ Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____

If you have answered yes to any of the above questions please give details _____

▶ List 2 non-family references:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Please read before signing - I understand that:

The information that I have provided may be verified, and I give my permission to Champion Athletes Of the Ozarks to make inquiry of others concerning my ability to act as a volunteer for Champion Athletes of the Ozarks. The relationship between Champion Athletes of the Ozarks and the volunteer is an at will agreement, it may be terminated by either party at any time without cause. In the course of volunteering for Champion Athletes of the Ozarks I may be dealing with confidential information and I agree to keep all information in strict confidence. I grant Champion Athletes of the Ozarks permission to use my likeness, voice, and words in film, radio, television or any form to promote activities of Champion Athletes of the Ozarks.

Signature of Volunteer _____ Date _____