

Volunteer Application

Office Use Only	
Site/ Team	
Day/Time	
CPR	
BC	

Name: _____

Date of Birth: _____

Phone: _____

E-mail (required): _____

Address: _____ city: _____ zip: _____

Place of employment: _____ Occupation: _____

Are you a college student? Yes _____ No _____ Institution: _____

_ Freshman _ Sophomore _ Junior _ Senior

major area of study: _____

Please indicate which volunteer opportunities you are interested in (coaching, Solemates charity running program, administrative, program support, 5k committee):

If you would like to coach, please indicate the counties in which you would prefer/be willing to coach. Please list in order of preference (Jackson, Lenawee, Livingston, Monroe, Washtenaw). If you would like a specific site, please note that too –

If you would like to coach please put an X in the squares at which times you are NOT available between 3:00 and 6:00 pm Monday through Friday. Note, this is an after school program with most sites beginning between 3:00 and 4:00pm.

	3:00- 3:30pm	3:30- 4:00pm	4:00- 4:30pm	4:30- 5:00pm	5:00- 5:30pm	5:30- 6:00pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Please state what experiences, activities, or interests you have which have prepared you for a position working with children.

What do you see as the challenges, interests and needs of adolescent girls?

Do you have experience working with ethnically diverse girls? If yes, please explain.

Adult T-Shirt size (please circle one) S M L XL XXL

Please list any languages, besides English, in which you are fluent _____

Training (required for coaches, all other volunteers are welcome to attend also)

New coaches must attend one mandatory full-day coaches training session

Current CPR and First Aid certification is required of coaches prior to the start of the program.

If you are not currently certified you must achieve certification before the beginning of the season or attend our training

Are you CPR certified? Yes _____ No _____ Expiration: _____

Are you First Aid certified? Yes _____ No _____ Expiration: _____

***If yes please attach a copy of your current certification.**

Criminal Background Check Permission

I give permission for Girls on the Run of Southeastern Michigan to complete a criminal background check.

Signature

Please Print:

First Name _____ Middle Initial _____ Last Name _____

Maiden Name (if applicable) _____

Date of Birth _____

Informed Consent Form

I _____, a volunteer for Girls on the Run of Southeast Michigan, agree that I am in good health and I understand that during the program, I will be involved in outdoor physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Southeastern Michigan and Girls on the Run International, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me related directly or indirectly to the program (including without limitation the 5k race), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

In addition, I hereby authorize Girls on the Run of Southeastern Michigan, if after a reasonable attempt has been made to reach emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or surgeon who may treat the me, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to me by any health care professional who may treat the me. I agree to pay for any such treatment and to reimburse Girls on the Run of Southeastern Michigan for all costs and expenses it may incur related to such treatment.

I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of me or in which I may be included with others, to copyright the same, in the name of Girls on the Run or otherwise; to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge Girls on the Run from any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any and all claims for libel or invasion of privacy.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older (If not, my parent or legal guardian has signed); I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and participant may have or possess against Girls on the Run. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to my participation in the Girls on the Run program. This permission and release is binding on me and my executor, administrators and heirs.

Participant's Name (please print): _____ Date: _____

Participant's Signature _____ Date: _____

Signed by Parent or Guardian (if under the age of 18): _____ Date: _____

Girls on the Run® International Programs Non-Compete Clause

I, _____ (print), as a volunteer for Girls on the Run of Southeastern Michigan, agree to the following:

1. I will not deliver the Girls on the Run® International Program or any similar program unless I am working as an employee or volunteer of **Girls on the Run® of Southeastern Michigan**.

2. I may not create or help develop a program that has similar goals and structure to that of **Girls on the Run® International Program** within a two year period of my involvement with **Girls on the Run®**.

3. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received. This does not include materials that must be copied for the delivery of specific activities for the lesson plans during my employment with a **Girls on the Run® International Program**

4. I understand the curriculum/book/coaches box given to me for the purpose of coaching a **Girls on the Run® International Program** does not belong to me. It is property of **Girls on the Run® of Southeastern Michigan**. When the season ends, I will return any curricula and coaches box to Girls on the Run® of Southeastern Michigan within two weeks.

5. I understand I will be expected to reimburse Girls on the Run of Southeast Michigan \$50.00 for each unreturned coach's box and \$25.00 for each unreturned or damaged curriculum after completion of the season.

Volunteer's Signature

Date

GOTRSEMI Program Coordinator's Signature

Date

**Please mail all applications to -
Girls on the Run of Southeastern Michigan
At St. Joseph Mercy Health System Women's Health Center
Attention: Program Coordinator
P.O. Box 995
Ann Arbor, MI 48106
Or fax to (734) 712-5499**