



Running steady and strong to succeed in life!

Volunteer Application

Running Leader Mentor Friend Fundraiser

(Please note that not all questions are applicable to all volunteers)

Please complete the information requested below. Your answers will assist us in matching you with an opportunity that fits your skills, interests and availability. If you have any questions, please call Ben at (301) 986 0626 or email us at teensrundc@gamil.com. **Thank you** for your time and assistance in making Teens Run DC a quality program for both volunteers and youth participants!

After you submit this application, we will contact you about scheduling an interview.

Name: _____
Please print (first) (middle) (last)

Address: _____ Date of Birth: ___/___/___

City: _____ State: _____ Zip: _____

Phone / Home :(____)_____ Work: (____)_____

E-mail: _____ Cell phone: (____)_____

Preferred contact? Home _____ Work _____ Cell _____ Email: _____

Employer: _____ **Position:** _____

Address: _____

How did you hear about Teens Run DC?: _____

Please indicate opportunities you are interested in by checking the appropriate boxes:

- Running Leader
- Mentor
- Friend
 - Tutor
 - Counselor/therapist
 - Intern
- Fundraiser (Run for the cause)

Why are you interested in being a Teens Run DC volunteer? _____



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Please indicate when you're available to volunteer: (Running leaders must be available at least two days per week.)

- () Monday Possible Hours _____
- () Tuesday Possible Hours _____
- () Wednesday Possible Hours _____
- () Thursday Possible Hours _____
- () Friday Possible Hours _____
- () Saturday Possible Hours _____
- () Sunday Possible Hours _____

Hours per week you'd like to volunteer _____

Please describe your experience working with youth: _____

Personal Information for Running Leaders and Mentors:

Please describe your running experience and general fitness: _____

of years running: ____ Average weekly mileage: ____ Marathon/Half-Marathon Finisher: Y/N

Shoe size: _____ Shirt size: _____ Jacket size: _____

Gender: Male/Female Ethnicity: _____

Do you have any prior or current civil sexual/physical abuse allegations or incidents against you?

Yes _____ No _____

In case of emergency, contact:

Name: _____ Cellphone: () _____

Daytime phone: () _____ Evening phone: () _____

Address: _____

Relationship to you: _____



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References

Please provide complete email addresses and phone numbers for three non-familial references who have known you for at least one year. References will be contacted via email or phone and will remain strictly confidential.

Name: _____ Relationship: _____

E-mail address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-mail address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-mail address: _____ Phone Number: _____



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VOLUNTEER WAIVER FORM

Name: _____
Please print (first) (middle) (last)

Address: _____ Date of Birth: ___/___/___

City: _____ State: _____ Zip: _____

Phone / Home : (____) _____ Work: (____) _____

E-mail: _____ Cell phone: (____) _____

THIS IS A RELEASE:

I acknowledge that I have read this release carefully and understand that this is an important, legally binding document. By signing this release I am giving up any rights to file a lawsuit against Teens Run DC, the Center for Self Discovery (CSD), and the Community Foundation of the National Capital Region (CFNCR) under whose auspices we operate. This includes officers, agents, employees, and volunteers in the above organizations.

I have requested to participate in Teens Run DC. I certify that I am in good health and have no physical or other impediments which would endanger me while participating in the program. In consideration for participating in Teens Run DC, I agree on behalf of myself to voluntarily release, discharge, waive, and relinquish Teens Run DC, the Center for Self Discovery, and the Community Foundation, its officers, agents, employees, and volunteers from any and all actions for personal injury, property damage, and wrongful death arising as a result of engaging the program. I further agree to indemnify and hold harmless Teens Run DC, CSD, and CFNCR from any liability, claim, or action for personal injury, property damage, wrongful death which arises out of or related to participation in the program, whether or not the liability, claim, or action, arises out of the negligence and carelessness on the part of Teens Run DC. I, the undersigned, intending to be legally bound for myself and my heirs, my assignees, executors, and administrators, do hereby waive any and all rights of claims for damages I may have against all promoters and sponsors of our program and races, their representatives, successors, assignees, or any individual associated with the above, for any and all liability arising from illness, injuries, and damages I may suffer as a result of participating in and travelling to and from Teens Run DC events.

Signature: _____ Date: _____



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Media Release Form

Audio/Video/Photography

I, _____ consent
(print name)

to be photographed/audio/video taped as part of the Teens Run DC program. I further give permission for these photographs/audio/video tapes to be used or published in annual reports, newsletters, brochures, and/or other media outlets without expecting monetary compensation. I understand that this release is not a requirement for participating in Teens Run DC.

Signature: _____ Date: _____



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It is strongly recommended that Running Leaders and Mentors obtain a physical before participation in the Teens Run DC program. Physicals are valid for participation in Teens Run DC for one year.

The Pre-participation Physical Form is enclosed as a separate attachment.

If you do not obtain a physical prior to your participation in Teens Run DC, you must sign the waiver below. NO EXCEPTIONS.

Please read and sign below if you opt NOT to obtain a physical exam prior to participation in Teens Run DC

THIS IS A RELEASE:

By signing this document below, I acknowledge that I have read this release carefully and understand that it is an important, legally binding document. By signing this release I am giving up any legal rights to file a lawsuit against Teens Run DC, the Center for Self Discovery, and/or the Community Foundation of the National Capital Region. I have requested to participate as a Running Leader with the Teens Run DC program. It is strongly recommends that all adults get a physical from a health care provider prior to participation as a Running Leader. I have voluntarily chosen not to get a physical from a health care provider, and certify I am in good health and have no physical or other impediment which would endanger me while participating in Teens Run DC. In consideration of participating in Teens Run DC, I agree on behalf of myself, my heirs, executors, administrators, and assigns to voluntarily release, discharge, waive, and relinquish Teens Run DC, CSD, and CFNCR, its officers, agents, employees and volunteers from any and all actions for personal injury, property damage, or wrongful death arising as a result of engaging in Students Run Philly Style. I further agree to indemnify and hold harmless Teens Run DC, CSD, and CFNCR from any liability or claim or action for personal injury, property damage, or wrongful death which arise out of or relate to my participation, whether or not the liability, claim or action arises out of the negligence or carelessness on the part of Teens Run DC, CSD, or CFNCR.

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____