**Master Volunteer Registration Form**

**ALL APPLICANTS MUST SHOW A PHOTO ID AT TIME OF REGISTRATION**

***Form must be filled out completely – incomplete forms will be returned. Please print legibly. Minimum age to apply: 16.***

**Part 1 – General Information**

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| --- | --- | --- | --- | --- |
| County volunteering in: | | | School / Agency (if applicable): | |
| Male  Female  Other Gender Identity  | | | | Certified coach?  Yes  No  If Yes, what sport? \_\_\_\_\_\_\_\_\_\_ |
| Last Name (legal): | First Name (legal): | | | Middle Name: |
| Home Address: | | | | |
| City: | State: | | | Zip Code: |
| Phone: | | | E-mail: | |
| Race/Ethnicity (Optional): American Indian/Alaskan Native ☐ Asian American ☐ Black or African American ☐ White or Caucasian ☐ Hispanic or Latinx ☐ More than one race ☐ Native Hawaiian or other Pacific Islander ☐ Prefer not to answer | | | | |
| Driver’s License #:  *No learner’s permits allowed.* | | Issuing State: | | Check if you do not have a valid driver’s license: ☐ |
| Social Security #: | | | Date of Birth: | |
| Emergency Contact: | | | Emergency Phone: | |

*Master Care-Givers Inc. reserves the right to deny any applicants who does not provide the necessary data required (Social Security Number and Driver’s License Number) to conduct a criminal background check and/or motor vehicle record check.*

**Part II – Background Information**

Questions 1 – 6 must be answered:

|  |  |  |
| --- | --- | --- |
| 1. Have you ever been convicted of a criminal offense? | Yes ☐ | No ☐ |
| 1. Have you ever been criminally charged with neglect, abuse or assault? | Yes ☐ | No ☐ |
| 1. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors? | Yes ☐ | No ☐ |
| 1. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? | Yes ☐ | No ☐ |
| 1. Has your driver's license ever been suspended or revoked in any state or other jurisdiction? | Yes ☐ | No ☐ |
| 1. Do you use illegal drugs? | Yes ☐ | No ☐ |
| If you answered YES to questions 1 - 6 please explain (use additional sheets of paper if necessary): | | |
| **For Minors Only**: Applicants must submit two (2) non-family references for consideration by Master Care-Givers Inc. *See Page 3 of form*. | | |

**Master Care- Givers Inc. RELEASE AND WAIVER OF LIABILITY, ACCEPTANCE OF TERMS**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Master Care-Givers Inc. may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Master Care-Givers Inc. and volunteers is an “at will” arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Master Care-Givers Inc. or at my option and that Master Care-Givers Inc. may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Master Care-Givers Inc. permission to use my likeness, voice, and words in or on television, radio, print, film, and on Master Care-Givers Inc. Website(s), or in any other form, format, or media, to promote Master Care-Givers Inc. and its mission and to raise funds for Master Care-Givers Inc.

The information that I have provided may be verified, and I give ongoing permission to Master Care-Givers Inc. to make periodic inquiry of others, including, but not limited to, a Motor Vehicle Record check (if applicable) and a criminal background check to determine my suitability to act as a Master Care-Givers Inc. volunteer, per Master Care-Givers Inc. Volunteer Screening Policy. If a Minor: I understand that upon turning 18 years of age, I will be subject to a criminal background check (and any subsequent screenings thereafter) per Master Care-Givers Inc. Volunteer Screening Policy.

I understand that I have the right to be trained and should receive instruction prior to volunteering. As part of my training, I will attend a Master Care-Givers Inc. General Orientation Session. I will abide by all Master Care-Givers Inc. and Sports rules and policies.

I understand that I if I am 16 years of age or older, I cannot commence Master Volunteer duties until I have successfully completed the Master Care-Givers Inc. required training. I understand that a parent or guardian should be present while I take said training. I understand that in the course of volunteering for Master Care-Givers Inc., I may be privy to confidential/personal information (including, but not limited to, email addresses, phone numbers and contact information of athletes, parents and other volunteers) and I agree to keep said information in the strictest confidence. Furthermore, I will not use such information for purposes other than legitimate Master Care-Givers Inc. activities, nor will I use such information for or to the detriment of the individual or Master Care-Givers Inc.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Master Care-Givers Inc. , its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of my participation and/or criminal background check and further agree that if, despite this ‘Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,’ I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor – under 18 (form has been explained to minor by parent/guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER CODE OF CONDUCT**

1. I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Master Care-Givers Inc.
2. I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
3. I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Master Care-Givers Inc.
4. I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media. Profanity and taunting are subject to immediate ejection.
5. I will provide for the general welfare, health, and safety of any Master Care-Givers Inc. athlete(s) in my charge during the course of my assigned duties.
6. I will respect the property of hotels, dormitories, schools, athletic, recreational and dining facilities.
7. I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
8. I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Master Care-Givers Inc. training or activities. Nor will I take part in smoking or chewing tobacco at any Master Care-Givers Inc. training or competition site except in designated areas.
9. I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Master Care-Givers Inc. athletes, staff, officials or other volunteers.
10. I will abide by the Master Care-Givers Inc. policy on the prohibition of dating athletes.

*The Code of Conduct is designed to assist each volunteer in abiding by the philosophy of Master Care-Givers Inc. and its mission. Any volunteer who does not follow this Code of Conduct can be prohibited from participation in this event. By signing this form and showing my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all releases and notifications and agree to adhere to said terms.*

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor – under 18 (form has been explained to minor by parent/guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **For Director Use Only** | This form has been thoroughly reviewed | |  yes  no |
| Background check was performed and cleared | |  yes  no |
| If a minor, form and requirement explained to parent or guardian and consent has been given | |  yes  no |
| Signature of Volunteer Director: | | Date: | |