



FIELD OF DREAMS ACADEMY VOLUNTEER APPLICATION FORM

1. Name: First _____ M.I. _____ Last _____ E-Mail _____
2. Address: Street _____ City/State _____ Phone: Day _____ Evening _____
3. Which position you are volunteering for? _____
4. What are your reasons for wanting to serve as a volunteer?
5. What special skills/experience do you bring to this position?
6. List your chief hobbies or interests:
7. Do you have any of the following?
First Aid Certification: _____ Expiration Date: _____
CPR Certification: _____ Expiration Date: _____
Other Certification(s) _____ Expiration Date: _____
8. Have you ever been refused participation in any youth program? Yes ____ No ____
9. Do you have any physical or mental condition that may prevent you from performing the duties described in your job application?
____ No ____ Yes If "Yes," please explain. A "Yes" answer does not necessarily preclude volunteer position
10. Except for minor traffic violations, have you ever been convicted of any violation of the law?
____ No ____ Yes If "Yes," please explain. A "Yes" answer does not necessarily preclude volunteer position
11. Character/Professional References (if applying for youth volunteer, list one that has experienced your participation in volunteering for youth activities):

Name	Address	Phone

12. Additional remarks:



ACADEMY at any time in the event of inappropriate behavior as outlined in the Code of Conduct and Employee Handbook. The facts set forth in my application are true and complete. I understand that if engaged, false statements on this application will be considered sufficient cause for dismissal.

Applicant Signature _____ Date _____

Rev. 2025

EMERGENCY MEDICAL AUTHORIZATION FORM

Name _____

Address _____

City, State, Zip

Home Phone _____ Cell Phone

_____ Email _____

Date of Birth _____

If Known Blood Type _____ Prior Transfusion Reaction (describe if yes) **YES NO**

Please mark all that apply:

☐ Contact Lenses ☐ Heart Problems ☐ Diabetic ☐ Epileptic ☐ Asthma ☐ Bleeding disorder

Allergies to medications? (Circle one) **YES NO**

(If yes please list) _____

Allergies to anything else (environmental or foods)? (Circle one) **YES NO**

(If yes please list) _____

Current medications that you are taking now? _____

Other medical conditions? (list) _____

Previous Surgeries or Hospitalizations?

**Primary Physician and/or Medical Treatment Facility:**

Physician Name	
Address	
City/State/Zip	
Phone	

Person to be notified in an Emergency:

Name	
Address	
City/State Zip	
Phone	
E-mail	

Other person(s) to be notified in an Emergency: Name

Address	
City/State/Zip	
Phone	
E-mail	



THE FIELD OF DREAMS ACADEMY

Notice and Authorization Concerning Consumer and Investigative Consumer Reports

This form, which you should read carefully, has been provided to you because The FIELD OF DREAMS ACADEMY ("Organization") may request a criminal background report in connection with your application for employment, position as a volunteer, or at any time during the course of employment with the Organization, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, if claims or disputes between you and The FIELD OF DREAMS ACADEMY are filed with any third parties, the organization may request investigative reports for purposes of evaluation and response, regardless of whether you remain in the employ of the Organization at the time such claims or disputes arise.

The types of reports that may be requested from First Advantage, or other registry under this policy include, but are not limited to, criminal records checks including sex offender registries, court records checks, driving records, and/or summaries of educational and employment records and histories, and credit checks. **Please note:** The FIELD OF DREAMS ACADEMY will maintain the complete confidentiality of all information obtained through criminal background checks, reference checks, and all information on application forms, including information regarding disqualification decisions.

The FIELD OF DREAMS ACADEMY is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment based on gender, gender identity, sexual orientation, religion, age, marital status, citizenship, national origin, ethnic identity, veteran status, disability or any other status protected by law.

Authorization

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of criminal background search reports, as defined above, to The FIELD OF DREAMS ACADEMY (1) in conjunction with my application for employment, (2) during the entire course of my employment or position as a volunteer, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the FIELD OF DREAMS ACADEMY by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the criminal background search reports requested by the Organization and confirm that all such information provided in connection with my application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, a guarantee of employment or a promise of continued employment. If employed by the FIELD OF DREAMS ACADEMY, my employment will not be for a specified period and can be terminated at any time for any reason, with or without cause or notice, by me or by The FIELD OF DREAMS ACADEMY.

PLEASE PRINT LEGIBLY.

*Name

*Social Security Number (required)

*Full Physical Address AND PO Box (if applicable)

*Date of Birth (mm/dd/yyyy)

*Signature

*Date

***REQUIRED**

For Office Use Only:

Minor? _____ Yes _ No

Department

THE FIELD OF DREAMS ACADEMY
BACKGROUND
AUTHORIZATION/RELEASE REV
2025



PLEASE PRINT LEGIBLY

THE FIELD OF DREAMS ACADEMY (AGES 17 & UNDER) PLEASE PRINT LEGIBLY

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

PARENT NAME: _____ PARENT NAME: _____

ADDRESS: _____ City/Zip _____

Phone: _____ Work Phone _____ Other: _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

Emergency Contact _____ Emergency Phone Number _____

IN CONSIDERATION of being permitted to utilize the facilities, including the climbing wall services and programs of The FIELD OF DREAMS ACADEMY (and for my children to so participate) for any purpose, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with The FIELD OF DREAMS ACADEMY, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into The FIELD OF DREAMS ACADEMY for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FIELD OF DREAMS ACADEMY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE FIELD OF DREAMS ACADEMY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE** The FIELD OF DREAMS ACADEMY and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with The FIELD OF DREAMS ACADEMY.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about The FIELD OF DREAMS ACADEMY premises or in any way observing or using any facilities or equipment of The FIELD OF DREAMS ACADEMY or participating in any program affiliated with The FIELD OF DREAMS ACADEMY whether caused by the negligence of the releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of The FIELD OF DREAMS ACADEMY and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with The FIELD OF DREAMS ACADEMY.
- 4. PHOTO RELEASE** I understand that images, video and audio are often used by The FIELD OF DREAMS ACADEMY for promotional purposes. I hereby give my permission and consent, now and for all time, for The FIELD OF DREAMS ACADEMY, the National Council of Young Men's Christian Associations of the United States of America (FIELD OF DREAMS ACADEMY of the USA) and third parties collaborating with The FIELD OF DREAMS ACADEMY to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at The FIELD OF DREAMS ACADEMY, for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any commercial products or commercial services.
- 5.** By participating in the FIELD OF DREAMS ACADEMY Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations, including



The FIELD OF DREAMS ACADEMY, in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of FIELD OF DREAMS ACADEMY facilities and participation in FIELD OF DREAMS ACADEMY programs, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Mexico and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Date: _____ Signature of Parent/Guardian: _____ Print Name: _____

The FIELD OF DREAMS ACADEMY conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the FIELD OF DREAMS ACADEMY reserves the right to cancel membership, end program participation, and remove visitation access.



Informed Consent for Exercise Participation

Voluntary Participation

I wish to participate voluntarily in exercise activities and/or programs at The FIELD OF DREAMS ACADEMY exercise facilities. My purpose is to maintain or improve my personal health and fitness. I understand that moderate exercise, when gradually increased in intensity, along with appropriate exercise guidance is recommended and safe for most people. I understand that qualified FIELD OF DREAMS ACADEMY staff are available to assist me in learning to use exercise equipment safely. Qualified staff is also available to consult with me about my personal exercise program and special fitness objectives or limitations. If I choose to use equipment within the FIELD OF DREAMS ACADEMY facility I understand I must obtain instruction on using the FIELD OF DREAMS ACADEMY's equipment or assume responsibility myself if I choose to waive this right. The FIELD OF DREAMS ACADEMY will not be held liable for injury or damage.

I understand that it is advisable to obtain a medical evaluation and my doctor's approval prior to initiation of exercise if I meet any of the following risk criteria:

1. I do not regularly perform vigorous exercise, and I plan to begin vigorous exercise, AND
2. I have two or more coronary risk factors, i.e.,
 - Diagnosed high blood pressure
 - Total serum cholesterol is greater than or equal to 240 mg/dl
 - Diabetes mellitus
 - Family history of coronary or other atherosclerotic disease in parents or siblings (prior to age 55);OR
3. I have any major symptom or sign suggestive of cardiopulmonary or metabolic disease, i.e.
 - chest pain
 - dizziness
 - swollen ankles
 - known heart murmur
 - irregular or rapid heart rate
 - leg or arm pain
 - unaccustomed shortness of breath
 - shortness of breath when lying down or late in the day

Exercise Risk

I understand that the risk of injury to the musculoskeletal system, and in rare instances occurrences of heart attack or death, are somewhat increased during exercise. However, these risks must be compared to the overall lower death rates of physically active people.

Participant Responsibilities

I understand that I am responsible for always monitoring my own condition. If, during exercise, unusual symptoms occur I will cease my participation and inform the instructor or staff of my symptoms. If such unusual conditions occur, I will be encouraged to visit my doctor for further evaluation. If indicated, FIELD OF DREAMS ACADEMY staff will contact Emergency Medical Service (911), and I give my permission to do so.

I agree that I will not use this facility while under the influence of alcohol or other drugs or while experiencing any condition (medical, psychological or chemical) that might impair my ability to make safe and sound judgments affecting my safety and the safety of other participants.

In signing this consent form I affirm that I have read this document in its entirety; all my questions have been satisfactorily answered, and I understand what I have read. I agree to fully assume my responsibilities, which include making arrangements for an appropriate medical evaluation if indicated by the criteria set forth in this document.

Date: _____ Signature of Parent/Guardian: _____ Print Name: _____