



# Volunteer Application

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Name Date of Birth

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Home/Cell Phone

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Email Address

References (at least one non family member)

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| Name | Title | Telephone |
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| Name | Title | Telephone |
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**Volunteer's Informed Consent:**

I understand that as a volunteer of Columbus Sports Council, that the nature of volunteer activities typically performed by Sports Council volunteers, and which may be performed by me as a Sports Council volunteer, may involve physical activity, contact with unidentified or unfamiliar persons and other potential risks for injury. Knowing this, I still wish to volunteer and hereby assume the risk, with respect to any liability of Sports Council, of any accident or injury to person or property which I may sustain in connection with my participation as a Sports Council volunteer or in any Sports Council-related activity. In addition, I hereby release and discharge Columbus Sports Council and any of its directors, officers, employees, partners, agents and successors from any and all liability or responsibility for any such accident or injury.

\*All applicants 18 and older are subject to a background check and drug testing.

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Signature Date

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Signature of Parent or Guardian (If under 18) Date