



# Sports Association Volunteer Profile

## PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address (PLEASE PRINT): \_\_\_\_\_@\_\_\_\_\_

Employer: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Date of Birth: \_\_\_\_/ \_\_\_\_/\_\_\_\_ Male / Female

Are you a Veteran? YES  NO  Service Branch: \_\_\_\_\_ Which War, if any?: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## INTERESTS & EXPERIENCE:

Please check the areas that you are interested in:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Archery                | <input type="checkbox"/> Quad Rugby            | <input type="checkbox"/> Tennis             |
| <input type="checkbox"/> Boccia                 | <input type="checkbox"/> Road Racing/Running   | <input type="checkbox"/> Triathlon Training |
| <input type="checkbox"/> Curling                | <input type="checkbox"/> Rock Climbing         | <input type="checkbox"/> Water Skiing       |
| <input type="checkbox"/> Cycling                | <input type="checkbox"/> Rowing                | <input type="checkbox"/> Yoga               |
| <input type="checkbox"/> Challenge Course       | <input type="checkbox"/> Sailing               | <b><u>Other:</u></b>                        |
| <input type="checkbox"/> Fencing                | <input type="checkbox"/> SCUBA Diving          | <input type="checkbox"/> Special Events     |
| <input type="checkbox"/> Fishing                | <input type="checkbox"/> Skiing, Cross-Country | <input type="checkbox"/> Photography/Video  |
| <input type="checkbox"/> Fitness/Strength Class | <input type="checkbox"/> Skiing, Downhill      | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Golf                   | <input type="checkbox"/> Sled Hockey           | <input type="checkbox"/> Administrative     |
| <input type="checkbox"/> Horseback Riding       | <input type="checkbox"/> Swimming              | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Kayaking               | <input type="checkbox"/> Target Shooting       |   |

Special Skills, Certifications or Expertise in any areas: \_\_\_\_\_(OVER)

**AVAILABILITY:**

WEEKDAYS: YES  NO  If YES: Days/Times Available: \_\_\_\_\_

WEEKENDS: YES  NO  If YES: Days/Times Available: \_\_\_\_\_

SPECIAL EVENTS OR PROGRAMS: YES  NO  Please specify event or program of interest if known  
(i.e. Triathlon Team, Benefit Bike Ride, Golf Club): \_\_\_\_\_

**MEDICAL INFORMATION:**

Please check Yes or No to the conditions below. If YES, please provide details at the bottom of the page.

YES  NO  Allergies

YES  NO  Special Dietary Requirements

YES  NO  Pregnant

YES  NO  Hearing Impaired

YES  NO  Asthma or Breathing Difficulties

YES  NO  Vision Impaired

YES  NO  Prescription Medications

YES  NO  Physical Limitations

YES  NO  Difficulty with Communication

YES  NO  Cardiac Condition

YES  NO  Diabetic

YES  NO  Seizures/History of Seizures

YES  NO  Use of Mobility Device or  
Adaptive Equipment

If YES to any of these questions, Please EXPLAIN: \_\_\_\_\_

Please describe any other medical considerations that we should be aware of: \_\_\_\_\_

PLEASE SHARE WITH US ANY ADDITIONAL INFORMATION THAT YOU FEEL IS IMPORTANT FOR US TO KNOW REGARDING YOUR VOLUNTEER ROLE WITH THE SPORTS ASSOCIATION:

**ACKNOWLEDGEMENT:**

By signing below, I verify that the above information is current and accurate. I understand that the above information will be kept confidential. In order to provide a safe and fun experience your information may be shared with: (1) Sports Association staff, coaches or instructors (2) other adaptive sports programs who will be working with you (3) medical professionals in case of emergency (4) as required for Sports Association grant reports. I understand that it is my responsibility to inform the Sports Association regarding changes to my: (1) contact information such as address, phone and email; (2) medical status including new diagnosis, surgery or medical changes; (3) any other information that is relevant to the safety of myself or others regarding my participation in Sports Association programs.

Printed Name of Participant or Legal Guardian: \_\_\_\_\_

Signature of Participant or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_