



**Gliding Stars of Findlay**  
 PO Box 1561  
 Findlay, OH 45839  
[www.glidingstarsoffindlay.org](http://www.glidingstarsoffindlay.org)  
[glidingstarsoffindlay@gmail.com](mailto:glidingstarsoffindlay@gmail.com)

# Volunteer Registration Form 2024-2025

<b>Last Name:</b>	<b>First Name:</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>
<b>Years volunteering</b> <input type="text"/> Years <input type="checkbox"/> New this year	<b>Involvement with Gliding Stars:</b> <input type="text"/> name of Star you had last year		
<b>Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Email:</b>		<b>Cell Phone:</b>	<b>Home Phone:</b>

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events?  
 Yes Number(s) to Text: \_\_\_\_\_  
 No

### How would you like to help?

On Ice	Off Ice
Please Indicate Skating Level	<input type="text"/> Skate Room Help
<input type="text"/> Beginner	<input type="text"/> Equipment
<input type="text"/> Intermediate	
<input type="text"/> Advanced	

If your not able to attend all of the skates would you be interested in being a floating volunteer? \_\_\_\_\_

**Information on Volunteer:**

Place of Employment / School:
Position / Grade:
Address of Employer / School District:
Does your company have a volunteer incentive program that gives money to organizations based on the amount of hours volunteered? ___ YES ___ No
Does your company have a matching gift program? ___ Yes ___ No
Will you need documentation of hours volunteered for community service? ___ Yes ___ No

**If you are under the age of 18, please complete the following Parent/Guardian Information:**

Parent / Guardian Name:
Address: (if different than volunteer's):
City:
Zip Code:
Cell Phone:
Email:
Do you give Gliding Stars Permission to text you about emergency cancelations and upcoming events? ___ YES ___ No

**Emergency Contact Information**

Emergency Contact Name:
Relationship to Volunteer:
Home Phone:
Cell Phone:

**Agreement/Permission Statement:**

*(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)* I agree [give my permission for the volunteer listed on this form] to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. I agree [give my permission for the volunteer listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program. I understand [on behalf of the volunteer listed on this form] that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death to the volunteer as a result of or in connection with the Activity and my and the skater's use of the Property. I agree [on behalf of the skater listed on this form] to indemnify, defend, and hold harmless the Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED**

Volunteer Name (please print):	Parent/Guardian Name (please print):	Date:
Volunteer Signature:	Parent / Guardian Signature (If under the age of 18 and/or require such additional permission):	