



Volunteer Application – Adult

General Information *(please print)*

(Name)

(Mailing Address)

(City)

(State)

(Zip)

(Day Phone)

(Cell Phone)

(Evening Phone:)

(Emergency Contact)

(Phone)

(Date of Birth)

(Age)

Gender: Male Female

T Shirt Size: S M L XL

(Place of Work)

(Occupation)

Organizations you have volunteered for in the past:

(1)

(2)

(3)

Volunteer Interest *(please indicate the areas you would like to volunteer)*

General Office

- Special Projects Database Entry Mailing /Filing/Copies

Special Events

- Set-up Clean-up Registration Auction Raffle Errand Runner
 Sell Merchandise Admission Food Service Referee or Team Leader Decorations Assembling
 Gift Baskets DJ Band Photography Bartending

Events

- Soliciting for auction items Selling event tickets Securing Sponsorships

Background Information *(All questions must be answered and will be kept confidential)*

Have you ever been convicted of a crime? Yes No

Has your drivers license been suspended or revoked in any state? Yes No

Do you have a valid driver's license? Yes No

_____ (Driver's license number)

Please read and sign below:

In consideration of the benefits and opportunities afforded to me through participation in the Best Buddies organization, the undersigned states as follows:

1. The relationship between Best Buddies International and volunteers is an "at will" arrangement and this application may be denied or the relationship may be terminated for any reason.
2. I give permission to be filmed or photographed at any Best Buddies activity and I understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes.
3. I hereby agree to release Best Buddies International, Inc., from any liability for any accident, injury, or illness suffered at, during, or in connection with any Best Buddies activities, except for any accident, injury, or illness which results from gross misconduct by Best Buddies International, Inc., or its staff.
4. I authorize Best Buddies International, Inc., to obtain medical treatment for me in the event of injury or illness in connection with a Best Buddies activity and agree to pay any expense incurred for treatment.
5. I understand that, in connection with any Best Buddies activity, if I am in a private passenger automobile which is involved in an accident, I may be primarily covered for bodily injury under my family automobile policy and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
6. If I am being transported in a commercial carrier or other leased or rented vehicles in connection with a Best Buddies activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.

By signing, I affirm that I have read the above and the information I have given is true and complete and I agree to abide by the guidelines and stipulations for behavior and activities as specified by Best Buddies.

(Signature of Volunteer)

(Date)

Please fax your application to 602-253-6337 or mail to:

Best Buddies Arizona
502 W. Roosevelt Street #2,
Phx, Arizona 85003

If you have any questions please call 602-954-3877 or visit www.bestbuddiesarizona.org

For Best Buddies Staff Use Only:

Approved Disapproved Email Acknowledgement Entered into kintera

(Staff Signature)

(Date)