

**City of Hammond • Recreation Department**  
**City of Hammond Inclusive League (C.H.I.L.)**

**Volunteer Form**

**General Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_, LA \_\_\_\_\_  
(Street, PO Box, Apt #) (City) (Zip)

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Wk/Cell#:** \_\_\_\_\_

**Sex:**  M / F  **E-mail:** \_\_\_\_\_

**Shirt Size:** Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Other: \_\_\_\_\_

If Applicable...

**Community Service Hours Needed For:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

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

**Experience**

**Have you been certified as a coach or referee in any sport?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what certification?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Have you undertaken any coach seminar or training?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, describe:** \_\_\_\_\_ **When?** \_\_\_\_\_

**Have you ever worked with people who have disabilities?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, for how long?** \_\_\_\_\_ **What kind of disability?** Physical Intellectual Both

**Please describe:** \_\_\_\_\_

**Confidentiality**

As a volunteer for CHIL, I may encounter confidential information concerning the children I am serving, including physical, medical, psychiatric, diagnostic, therapeutic, laboratory or other personal information necessary in designing effective supports physically and/or behaviorally for the participating child.

I shall maintain the confidentiality of this information, accessing, discussing and/or disseminating confidential information only in the performance of my assigned duties and only within the functions of the CHIL program. My obligation to safeguard the confidentiality of this information continues after my participation in the program.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer Status**

I understand that this application does not guarantee that I will be selected as a volunteer with the Hammond Recreation Department or associated programs. All of the above information is true to the best of my knowledge, and any false information may cause the suspension of my privileges as a Hammond Recreation Department Volunteer. I understand that the Hammond Recreation Department reserves the right to conduct a background check, and that they may dismiss any volunteers at any given time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Release of Liability

In consideration of their child(ren) being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child(ren) HEREBY RELEASES the City of Hammond and its respective insurers, officers, officials, sponsors, employees, and their agents, hereafter referred to as RELEASEES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the event or activity, including damages to property and personal injury.

IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releasee's negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the City of Hammond.

In signing this release, each of the undersigned hereby acknowledges and represents to the City of Hammond the following:

1. That he or she has read the foregoing Release and Waiver of liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child(ren) participating in the event or activity are in good health, physically fit and physically able to participate in the event or activity.

**For a participant under the age of 18 years, the parent with legal custody or the minor's legal guardian must sign this release form.**

Event / Activity: City of Hammond Inclusive League (C.H.I.L.)

I have read and agree to all the terms presented in the Hammond Area Recreation Department's Release of Liability.

**Parent Signature / Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If signing for a minor, what is your relationship to the minor?** \_\_\_\_\_

## Consent for Medical Treatment and Indemnification

I hereby give my consent to receive emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb or well-being in the event that I am unable to consent during the time of the emergency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Consent For Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Image Consent/Release

I hereby give permission for images of myself and the child for whom I am guardian that are captured during C.H.I.L. activities or events through video, photo, and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto.

As such, I relieve and hereby agree to hold the City of Hammond, C.H.I.L., affiliated organizations, and sponsors or partners of C.H.I.L. free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast. I understand that the recordings/interviews/photography are being carried out with my consent and so I assume full responsibility.

**Parent Signature / Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### \*OFFICE USE ONLY\*

Background Check Clear:	Yes _____	No _____
Completed By: _____		Date: _____
Received By: _____		Date: _____

C.H.I.L. is brought to you by:

