

VOLUNTEER APPLICATION

Application Deadline: July 20, 2018

**SERTOMA Fantasy Baseball/Softball Camp for Deaf and Hard-of-Hearing Youth
July 30 - August 3, 2018
Boysen Park, 951 South State College Blvd., Anaheim**

Name: _____ Phone: _____ E-mail _____

Address: _____
Street City Zip Code

THERE ARE TWO VOLUNTEER EVENTS;
YOU MAY SIGN UP FOR EITHER ONE OR BOTH:
→All Volunteers MUST be 18 years of age or older.
→All Volunteers are expected to work a full shift.

1) CAMP: 9:00 AM to 1:00 PM--Volunteer hours will be from 8:30 AM to 1:30 PM.

I will volunteer at Camp on the following days:

Mon, July 30 _____ Tue, July 31 _____ Wed, Aug 1 _____ Thur, Aug 2 _____ Fri, Aug 3 _____

I would like to volunteer as a:

Coach _____ Sign Interpreter _____ General Helper and/or Lunch Service _____ First Aid _____

I have volunteered with SERTOMA Sports Camp in prior years: Yes _____ No _____

I have current CPR Certification (August 2017): Yes _____ No _____

My T-shirt size is: S _____ M _____ L _____ XL _____ XXL _____

2) BOYS & GIRLS CLUB: 1:30-5:30 PM--Volunteer hours are from 8:30 (Camp)-5:30 PM.

Provisions have been made for those Campers who cannot be picked up at 1:00 PM to attend the Boys & Girls Club of Anaheim (311 East Broadway, Anaheim) later each afternoon. This will enable such Campers to attend SERTOMA Fantasy Baseball/Softball Camp in the morning. Their parent or guardian will pick them up by 5:30 PM. Will you join us there?

Volunteers for the Boys & Girls Club must have sign interpreter experience
(ITP interns and above are welcome).

I will volunteer at the BOYS & GIRLS CLUB from 1:30 PM to 5:30 PM on the following days:

Mon, July 30 _____ Tue, July 31 _____ Wed, Aug 1 _____ Thur, Aug 2 _____ Fri, Aug 3 _____

Personal References (you have my permission to verify):

Name/Organization: _____ Phone: _____

Name/Organization: _____ Phone: _____

***I have read/filled out/signed/attached the SERTOMA Megan's Law Volunteer Release Form** _____ (please initial)

***I have read/filled out/signed/attached the SERTOMA Volunteer Release/Waiver Form** _____ (please initial)

Signature of Volunteer _____ Date _____

Questions? Contact: Larry Lopez at: larry.ocSERTOMA@yahoo.com

Please send your completed application and the two other *forms referenced above to either:

US Mail: **SERTOMA Baseball/Softball Camp**
203 N. Brea Blvd., Suite 203
Brea, CA 92821

or...E-mail: **princesspati@hotmail.com**

Walk-Up Volunteers will not be admitted to Camp.

SERTOMA FANTASY BASEBALL/SOFTBALL CAMP



2018 MEGAN'S LAW VOLUNTEER RELEASE FORM

In order to participate at Camp, every volunteer must have this Release Form completed, signed, and on file before the first day of Camp.

To provide a safe and protective environment for all players & participants, SERTOMA Fantasy Baseball/Softball Camp is using the Megan's Law Database to complete background checks for all Camp volunteers. This database identifies adults who are registered sex offenders.

Because you have volunteered to participate during 2018 SERTOMA Fantasy Baseball/Softball Camp, you are subject to a background check utilizing the Megan's Law Database. All volunteers must complete a Megan's Law background check prior to participation in our Camp. Your personal information will be used for this purpose only.

Thank you for your cooperation in increasing our ability to protect our Campers' well being.

*** **

I acknowledge that I am not a registered sex offender and I give SERTOMA Fantasy Baseball/Softball Camp permission to check the Megan's Law Public Database for confirmation.

Full Name (Please Print): _____
First Name, Middle Name, Last Name

Sex M / F Volunteer Position _____ Date of Birth: _____

Driver's License or California ID #: _____

Home Address: _____

Signature: _____

**Must include a current copy of a valid photo ID
i.e. CA Driver's License or State ID Card**

For League use only:

Date Background Check completed: _____

Clearance approved: YES _____ NO _____

Completed by: _____

SERTOMA FANTASY BASEBALL/SOFTBALL CAMP



2018 VOLUNTEER RELEASE AND WAIVER FORM

In order to participate at Camp, every volunteer must have this Release Form completed, signed, and on file before the first day of Camp.

Volunteer's Name _____
Address, City, State & Zip Code _____
Telephone Number _____
E-mail Address _____

Liability Release.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to release and to hold harmless Sertoma Fantasy Baseball/Softball Camp, North County Sertoma, the hosting site on which the Camp will occur, and the respective directors, officers, representatives, campers, members, and agents of Sertoma Fantasy Baseball/Softball Camp, the hosting site, and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the I may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons on the account of damages of any character resulting to myself in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim or demand.

I, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Volunteer _____ Date _____

Please Print Name Here _____

Medical Release.

I acknowledge and agree that such participation subjects myself to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that the I am assuming the risk of such illness or injury by participating in the Camp. In the event of such illness or injury, I authorize Sertoma Fantasy Baseball/Softball Camp to obtain necessary medical treatment for myself and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for illness or injury that I may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement.

I understand that Sertoma Fantasy Baseball/Softball Camp from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp I may be included in videotapes or photographs taken during the Camp. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Sertoma Fantasy Baseball/Softball Camp, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape myself and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Sertoma Fantasy Baseball/Softball Camp nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness, acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Camp will occur, and have signed this document voluntarily and of my own free will.

Signature of Volunteer _____ Date _____

Please Print Name Here _____