## dpr_WebLogo.gifpvslogo.jpgVolunteer Participation Form – Diversity Day Clinic Going for the Gold

**Application Due by Tuesday, April 10, 2012**

Thank you for Volunteering for our Going for the Gold – Diversity Day Clinic on Saturday, April 14th! Please read the following release notice and complete the form below to register as a volunteer. **Volunteers are asked to be at Wilson Aquatic Center by 9:00am on Saturday, April 14th.**

*I understand that I will be spending the day as a volunteer for the project described above and attest that I am physically fit to participate in today's activities and have at least 2 years of USA Swimming Experience.*

*I further acknowledge that the activities described above may expose me to some risk of injury. To minimize this risk, I will not create an unsafe situation for other individuals, or myself, nor will I engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the sponsors and coordinators. If I see any situation that I feel is unsafe, I will call it to the attention of the sponsors, coordinators or safety coordinators.  
  
Additionally, I grant Potomac Valley Swimming and DC Parks and Recreation permission to use my likeness and words for the limited purpose of describing, promoting and publicizing the community volunteer service event described above.  
  
Volunteers under age 18 must have this form signed by a parent or legal guardian (in such event, all references herein to "I" refer to the volunteer who is under age 18).*

## Volunteer Application Information

*(Please type/fill in the application using the boxes below)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | | | | |
| First Name | | | | Last Name | |
| **Volunteer Contact Information** | | | |  | |
| Home Phone  Or Cell: | | | | Email: | |
| PVS Team: | | | | Coach: | |
| Age: |  | Gender: |  | Certifications  Or swim lesson  experience: | |
| *I agree I am at least 15 years old on the day of the event* | | | *Not required, but please list if you have any* | |
| Emergency Contact Name | | | | | Relation: |
| Emergency Contact Number: | | | | Emergency Contact Email: | |
| Station you would like to work with in preference order 1-4: | | | | Free Back Breast Fly | |

I have read the volunteer release notice and understand the responsibilities and risks associated with this activity. \* Check the box to confirm the above statement. I agree

The PVS Diversity Committee would like to thank you for your expressed interested in helping with the event. We look forward to working with you and hope this will be a great experience! *You will be notified via email once your volunteer form has been processed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Signature: |  | | Date: |  |
| Parent/Guardian Name (please print): | |  | | |
| Parent/Guardian Signature: | | I hereby authorize my child to volunteer in the following event | | |

Please return via email to the Diversity Chair

Miriam Lynch at [miriamslynch@yahoo.com](mailto:miriamslynch@yahoo.com) or call 571-305-2442