



2009 U.S. FIGURE SKATING CHAMPIONSHIPS

JANUARY 18-25, 2009

VOLUNTEER APPLICATION

(Please complete both sides of the Volunteer Application and the Consent for Criminal History Records Check)
Volunteers must be 18 years of age by November 1, 2008

Please print legibly – 1 form per person

Name	Birthdate / /	Male	Female
Address	City	State	Zip
Daytime Phone ()	Evening (or Cell) Phone ()	Fax # ()	
E-mail	Occupation	T-Shirt Size (circle one) M L XL XXL	

Referred by: _____
(Individual and/or Company Affiliation)

Name of another volunteer (1 only) with whom you would like to be assigned: _____
(Volunteers must select same dates, times and assignment)

Thank you for volunteering. All volunteers must be available for a minimum of twenty-four hours (24) (four 6-hour shifts) and attend mandatory training in December 2008. Please be as flexible as possible when indicating your availability.

Indicate with an X when you are available. Times are approximate and subject to change.

Day of the Week	THU 1/15**	FRI 1/16**	SAT 1/17**	SUN 1/18	MON 1/19	TUE 1/20	WED 1/21	THU 1/22	FRI 1/23	SAT 1/24	SUN 1/25	MON 1/26**
6 am – 12:30 pm												
12 pm – 6:30 pm												
6 pm – 12:30 am												
Any Shift												

**Limited volunteer opportunities are available on these days, please select four other shifts between January 18-25.

Volunteer Assignments – Mark the area in which you are most interested by putting 1, 2 or 3 next to the area with 1 being “1st preference,” 2 “2nd preference,” and 3 “3rd preference.” Please be as flexible as possible in marking your area of interest because (a) not all assignments are available every shift, (b) some areas require only a limited number of volunteers; and (c) some areas may be eliminated. The volunteer coordinator will make the final determination on assignments.

_____ Credentials (Computer Experience Required)	_____ Hospitality	_____ Registration/Pre-Registration
_____ Credential Monitor	_____ Office Services	_____ Wherever Needed
_____ Greeter/Information/Transportation	_____ Operations (Labor Crew)	

Do you have any special skills that may help place you? Please check all that apply.

- _____ General Office Skills
- _____ Accounting Bookkeeping
- _____ Computer Skills – please list _____
- _____ Other (Special Training, Education, etc.) _____

List previous volunteer experience:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Daytime Phone: () Evening Phone: ()

Cell Phone: () E-mail:

Relation to you:

Are you presently taking prescription medicine with potential side effects that may influence your volunteer assignment?
No Yes – If yes, please explain

Are you aware of any physical limitations and/or mental disability you may have that may influence your volunteer assignment?
No Yes – If yes, please explain

THE FOLLOWING RELEASE MUST BE READ AND SIGNED TO COMPLETE THIS APPLICATION:

In consideration of being permitted to participate in the 2009 U.S. Figure Skating Championships, and in full voluntary recognition and assumption of any risk and hazard associated with my participation, I (Please print your full name), for myself and my heirs, personal representatives, successors and assigns, hereby voluntarily release U.S. Figure Skating, Cleveland Championships 2009, Greater Cleveland Sports Commission, and each of their officers, trustees, boards, committees, employees, agents, participants and representatives, and all other entities or parties associated with 2009 U.S. Figure Skating Championships (collectively, the "Released Entities") from any and all claims, losses, damages and liabilities arising from death, injury, illness or damage incurred or suffered by me or any other person arising out of, relating to, or resulting from my participation in the 2009 U.S. Figure Skating Championships and related incidental activities including pre-event set-up and post-event tear down activities. I also approve the use of my picture, likeness or voice for promotional use, regardless of whether the picture, likeness or voice was recorded before, during or after the Event in any medium.

I also acknowledge that I have been informed that I may be required to provide a set of impressions of my fingerprints and that a criminal history records check will be performed to determine my eligibility to serve as a volunteer for the 2009 U.S. Figure Skating Championships. I acknowledge that I have received, read, and understand the "Consent for Criminal History Records Check" that accompanies this application. I understand that I may be ineligible to volunteer based on the results of the criminal history records check. I acknowledge that the scope of this Release includes any conduct by the Released Entities related in any way to the criminal history records check and its results, including any decision to deny my Volunteer Application.

Signature of Applicant or Guardian Date

Volunteer Appreciation Package

- Official Volunteer Commemorative Uniform (shirt) to be worn during volunteer shift
- Complimentary Volunteer Parking
- Meal and beverage while volunteering
- Other benefits not yet determined

Please Return by November 30, 2008 To:

Or Fax To: 216-622-6556

Maria P. Greci, Volunteer Coordinator
2009 U.S. Figure Skating Championships
50 Public Square, Suite 825
Cleveland, Ohio 44113
Phone No. 216-622-6000
volunteers@cleveland2009.com

An acknowledgment confirming your acceptance will be sent upon completion of the Criminal History Records Check



Consent for Criminal History Records Check

I hereby give my permission to U.S. Figure Skating, Cleveland Championships 2009 and Greater Cleveland Sports Commission to obtain information relating to my criminal history record through any reporting agency that regularly performs background checks. I understand that I may be required to provide a set of my fingerprint impressions for the records check to be completed. If I am not required to provide fingerprint impressions, I understand that the records check will be conducted based on my social security number. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position for the 2009 U.S. Figure Skating Championships. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and hold U.S. Figure Skating, Cleveland Championships 2009 and Greater Cleveland Sports Commission and the organization performing the background check and each of their respective officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, (including claims for negligence, gross negligence and/or strict liability of U.S. Figure Skating, Cleveland Championships 2009 and Greater Cleveland Sports Commission and the organization performing the background check) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer for the 2009 U.S. Figure Skating Championships.

I further authorize U.S. Figure Skating, Cleveland Championships 2009 and Greater Cleveland Sports Commission to check my criminal history records with any or all local, county, state and federal agencies and records departments as part of my association as a volunteer for the 2009 U.S. Figure Skating Championships.

Volunteer Signature

Drivers License Number/State

Volunteer Name (Print)

Social Security Number

Date

Date of Birth

Gender

City/State of Birth

List all States of residence in the past 5 years

This form must be completed with signature and submitted along with the Volunteer Application, to:

Maria P. Greci, Volunteer Coordinator
2009 U.S. Figure Skating Championships
50 Public Square, Suite 825
Cleveland, OH 44113
Fax: 216-622-6556