



P.O. Box 2137, Leavenworth WA 98826  
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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If Under 18 – Parent(s) name: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT:** I accept the privilege of having access to confidential information about the individuals with whom I may be working. I fully understand that access to this information is only for the purpose of assisting the individual to experience success in Upper Valley Connection activities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (*if under 18*): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE: Under 18:** As the parent or legal guardian of the above-named volunteer, I hereby give consent to emergency medical care performed by a duly-licensed physician of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. The authorization is given to representatives of Upper Valley Connection solely for accidents/injuries that occur during Upper Valley Connection Activities.

**Over 18:** In the event of an accident, I give permission to Upper Valley Connection employees or staff to seek initial medical treatment for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant or parent if applicant is under 18*

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

**DISCLOSURE/CONSENT:** I (we) understand there are special dangers and risks inherent in any recreational activity, including, but not limited to, the risk of physical injury or other harmful consequences which may arise directly or indirectly from my (or my child's) participation. In consideration for participation, I hereby release and waive any claim, cause, or action which may accrue against Upper Valley Connection, any employee or designated coach thereof, or any other person acting with their permission, arising from injury during my (or my child's) participation in Upper Valley Connection activities.

I (we) also understand that photos, still or video, may be taken in the course of these activities and that these photos are the sole property of Upper Valley Connection and may be used by Upper Valley Connection for promotional and fundraising purposes. These may be in the form of print or electronic formats.

With my signature below, I (we) acknowledge that I (we) have read this disclosure, agree to the above, and give my (our) consent for myself (or my child) \_\_\_\_\_ to participate in Upper Valley Connection activities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (*if under 18*): \_\_\_\_\_ Date: \_\_\_\_\_