



Jackie Joyner-Kersey Center
Volunteer Application

First Name _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: _____ M _____ F Ethnicity: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Place of Employment: _____

Previous Volunteer Experience: _____

Hours/Day of Availability: _____

Volunteer Position Applying for: _____ Basketball _____ Baseball _____ Cheer _____ Soccer
_____ Football _____ Janitorial _____ Wrestling _____ Gardening _____ Landscaping
_____ Tutoring _____ Afterschool _____ Team Mom/Dad _____ Coach _____ Fitness Trainer
_____ Office Admin _____ Sport Official/Referee

Waiver and Release of all claims:

I accept full responsibility by signing below for any claim(s) arising out of the designated activity(s). I do hereby waive, release and agree to hold harmless the Jackie Joyner-Kersey Foundation, the instructor and additional sponsors for any claim arising out of this program. I acknowledge that I am aware of the risk of participation in league or recreation of this type. I also acknowledge that the Jackie Joyner-Kersey Foundation has my permission to take photographs or videos to be used for the sole purpose of promoting the advertisement of the Jackie Joyner-Kersey Foundation. I hereby certify that named participant is in good physical condition and able to safely participate.

Signature _____

Date _____



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**Participant/Member Release Of Liability And Assumption Of
Risk Agreement**

Organization/Group: _____

Participant Name (please print): _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREE ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE JJK FOUNDATION, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Release), from any and all claims, demands, losses and liability out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP ALL SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Age _____ Date _____

For Parents/Guardians of Participants of Minor Age

This is to certify that, I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I RELEASE AND TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liability incidents to my minor/child's involvement or participation in these programs as provided above , EVEN if ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Signature _____ Age _____ Date _____



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Personal Data

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Years at Current Address: _____

Social Security Number: _____ Date of Birth: _____

Other Names Used: _____

Driver License Number: _____ Home/Cell#: _____

Email Address: _____

Addresses for the Past Seven Years (include street, city, state, and zip code): Dates at Residence:

_____	_____
_____	_____
_____	_____

I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information and the recipients of any reports on me which **IntelliCorp Records Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading stamen or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection volunteer services.

Print Name: _____ Signature: _____ Date: _____