



Sports Epidemic/SJCA Adult Volunteer Application

Thank you for considering Sports Epidemic as a place to donate your time and talents. Our volunteers are vital to everything we do, helping us effectively share God's love with the kids, families, and adults in our communities.

Applicant Information (please print)

Name _____ Nickname _____ Gender M F
 Address, City, Zip _____ Primary phone _____
 Email Address _____ Alt phone _____
 Emergency Contact _____ Emergency Contact phone _____
 Date of Birth _____ Marital Status _____ Spouse Name _____
 Children? Y N Children Names/Ages _____

Areas of Interest (Please select all that apply):

Youth Sports Coach Adult Sports Coach Referee Small Group leader Speaker Snack Coordinator
 Fund Raising Administration Other _____

Sports Epidemic Program you are interested in: SE Club SE Camp SE Outreach Event SE Mission Trip

Prior Coaching/Sports Experience _____

Other Skills/Abilities (foreign language, music, drama, etc.) _____

CPR or First Aid Certified Y N **Date** _____ **Other training cert.** _____

Date available to start _____ **Days of week/hours** available _____

Church you attend _____ **Church Contact/Phone** _____

Do know anyone who might be interested in volunteering with Sports Epidemic?

Name _____ **Phone** _____ **Name** _____ **Phone** _____

Education

Level	Institution Name/Address	Years Completed	Course of Study Degree
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

Employment History (Last 7 years)

Company Name/Address/Phone	Supervisor	Dates Worked	Job duty/Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (List up to 3 references from orgs you have volunteered for or been a part of)

Contact Name/Title/Organization	Telephone #	Email Address	Your role in the Org
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Your Story

Your Personal Testimony (How you came to know Jesus)

Why you want to volunteer

Statement (Please read carefully before signing)

Sports Epidemic Statement of Faith

- The sole basis for our belief is the Bible, which is uniquely God-inspired, without error, and the final authority for living (2 Timothy 3:16-17)
- There is one God, eternally existing in three persons - Father, Son and Holy Spirit - each possessing all the attributes of deity. (Matthew 28:19)
- God created humans to have fellowship with Him, but they defied God by sinfully going their own way. As a result, we need God's saving grace to end our alienation from Him. Salvation comes only through God's grace - not human effort - and must be received personally by repentance and faith. (Romans 3:23-26, Romans 5:1)
- Jesus Christ, second Person of the Trinity, born of a virgin, lived a sinless life on earth and voluntarily paid for our sin by shedding His blood and dying on the cross as our substitute. This accomplished salvation for all who receive grace by trusting in Him alone. He rose from the dead and is the only mediator between God and us. He will return to earth for the Church. (John 1:1, Matthew 1:18:25, 1 Corinthians 15:1-8, Acts 1:9-11, Hebrews 9:27-28, 1Thessalonians 4:13-17)
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. (John 14:15-26; John 16:5-16; Ephesians 1:13-14)
- Love is our priority (Mark 12:28-34, 1 Corinthians 13:1-3,13)

I have read and am in agreement with **Sports Epidemic's Statement of Faith** Initial _____

Sports Epidemic Waiver of Liability, Indemnity, Assumption of Risk and Media Release Agreement (read carefully & sign)

Waiver: *In consideration of permission to use, today and on all future dates the property, facilities, and services used by Sports Epidemic (SE) to include St John's Christian Academy (SJCA), I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and agree not to sue, SE or SJCA, its directors, officers, employees, volunteers, independent contractors, agents and as applicable, owners and lessors of premises on which the activity takes place from liability from any and all claims arising from the ordinary negligence of SE or SJCA or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from volunteer support to SE activities including, but not limited to, sports activities, meetings, and events, and individual use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.*



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Indemnification and Hold Harmless: I agree to HOLD HARMLESS AND INDEMNIFY SE and SJCA from all claims resulting from negligence and to reimburse them for any expenses incurred by SE or SCJA in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that SE or SJCA is not responsible for the injury or loss.

Assumption of Risks: Physically activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. SE conducts various sports activities to include, but not limited to, flag football, soccer, basketball, kickball, softball, ultimate Frisbee, volleyball, walking, jogging and running. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks to 3) and catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know the nature of the activities of SE, I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible through SE. I attest that I am in good health and have no physical conditions that affect my ability to provide volunteer support in sports activities, and a medical practitioner has not advised me otherwise. I hereby assert that participation is voluntary and that I knowingly assume all such risks. In connection with any injury or other medical conditions I may experience while supporting a SE activity, I consent to be removed and authorize medical personnel, in their discretion, to address whatever medical issues they deem necessary. I further agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment rendered to me. I have received and read the Sports Epidemic Concussion Awareness and Safety Recognition Program Guide found on Sports Epidemic's website (www.sportsepidemic.org).

Media Release: I hereby authorize SE and SJCA to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications for the sole purpose of advancing SE and SJCA Programs. I acknowledge and consent that registration will allow SE and SJCA to obtain access to personal information regarding me.

Acknowledgement of Understanding: I have read this Waiver of liability, Indemnification, Assumption of Risk and Media Release agreement and fully understand its terms. I acknowledge that I am signing freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks of my volunteer support or observation of SE activities to the greatest extent allowed by law.

I certify that the information in this application is accurate and complete. I understand that omission, misrepresentation or falsification of any information is grounds for withdrawal of any volunteer opportunities. I give Sports Epidemics permission to contact previous employers, church/volunteer organization related contacts, and personal references and agree to release Sports Epidemic and all persons, companies, or corporations supplying such information from all liability or responsibility.

Signature _____

Date _____



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Sports Epidemic Volunteer Background Check Authorization Form

In order to ensure a safe and secure environment for our program and activities, Sports Epidemic requires its volunteers to undergo background checks. Please complete the background check authorization form below:

Print Name _____
(First) (Middle) (Last)

Maiden Name/Alias _____

Addresses in last 7 years:
Current Address Since:

(Month/Year) (Street) (City) (State/Zip)

Previous Address:

(Month/Year) (Street) (City) (State/Zip)

Previous Address:

(Month/Year) (Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____ Gender: M F

Telephone Number: _____ Email: _____ Driver Lic #/State: _____

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense (excluding minor traffic violations)? This includes sex/child abuse related offenses. YES NO
If YES, please provide an explanation below:

2. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

3. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

4. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, Please provide an explanation below:

I authorize Sports Epidemic to conduct a comprehensive review of my background in order to process my application to serve as a volunteer. I understand that the scope of the background check may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I understand that providing false information is grounds for immediate volunteer denial. I also understand that as long as I remain a volunteer here, background records check may be repeated at any time. I hereby release Sports Epidemic, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information. By signing my name and dating this authorization, I am hereby confirming the accuracy of the information provided.

Volunteer's Signature

Date