



Medicine Hat Adaptive Sport and Recreation

Volunteer Information Form

MHASR greatly appreciates your interest in volunteering. We rely on volunteers to keep our programs running smoothly as well as to increase the amount of participants able to participate.

Name:

_____ **First** _____ **Last**

Address:

_____ **City/Town**

_____ **Postal Code**

Email: _____ **Occupation:** _____

Date of Birth: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: _____ **Emergency Contact #:** _____

Do you have any First Aid training? YES / NO (Note: This is not required but good for us to know!)

If yes, what kind of training do you have and when does it expire?

Do you have any pre-existing medical conditions? If so, please list. Please also include any medications you take on a regular basis that we'd need to inform medical staff of in emergency.

By signing this form, I hereby grant Medicine Hat Adaptive Sport and Recreation (MHASR), including its employees, agents, assigns, or other third parties (the Paralympic Sports Association and Alberta Cerebral Palsy Sports Assoc.) may authorize on its behalf, the nonexclusive right to:

- Photographs taken at any MHASR events; Any combined audio-visual recordings; voice recordings
- By signing this form, I allow the above to be used in: · Social Media (Facebook, Twitter, etc.) · MHASR Website · Promotional and informational distributions -Grant Reports

Signature of Volunteer

Date

Thank you for volunteering with MHASR!