## **ACSA Future Leaders Volunteer Coordinator Application**

VOLUNTEER'S GENERAL INFORMATION		
Name:	Date of Birth:	Driver's License Number:
Address:		
Phone Number(s):		
Email Address		
Preferred Method of Contact: [ ] Phone [ ] En		
	EMERGENCY CONTACT	
Name:	Phone:	
Relationship:		
	ABOUT THE VOLUNTEER	
Have you volunteered before? Please describe.		
Why are you interested in volunteering with this org	anization?	
Are you affiliated with any community organizations	s or clubs?	
If so, please explain		
Describe any special skills, talents, secondary langua	ages, or hobbies you may have.	
Who is your current employer (if applicable)?		
What is your highest level of education?		

Please list any certifications (First Aid and CPR) you may have along with the dates of certification and expiration of the same:		
Do you have any prior criminal convictions or offenses? If so, please	describe.	
VOLUNTEER POSITION PREFERENCES		
Please list your volunteer position preference(s):		
How many hours and days are you available for volunteer work?		
What training, experience, or skills do you have that may be related to the volunteer position desired?		
DHYCICALI	IMPATIONS	
PHYSICAL LIMITATIONS		
Please list any physical limitations you may have:		
REFER	RENCES	
Name:	Phone:	
Name:	Phone:	
Relationship		
Name:	Phone:	
Relationship:		
Please return to:		
American Council of Snowmobile Associations		
P.O. Box 1670		
Brighton, MI 48116		
(517)-351-4362		
Email: cajourdain@aol.com		

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## **Volunteer Agreement**

**Medical Treatment.** I hereby release and forever discharge the American Council of Snowmobile Associations (ACSA) from any claim whatsoever which may arise in relation to any treatment, first aid, or service rendered with my activities with the ACSA Future Leaders Program.

**Insurance.** I understand that ACSA does not maintain or carry medical, health, or disability insurance coverage for any volunteer. Every volunteer is expected to attain their own medical or health insurance.

**Fitness.** I certify that I am physically, mentally, and emotionally fit to perform the volunteer activities as assigned as part of the above-referenced position.

If you are under the age of eighteen (18) years old a parent or legal guardian must sign below.

I hereby agree that my answers to this event volunteer application agreement are true and correct as of the effective date below and that I have not knowingly or willingly left out any fact or circumstance that would if disclosed, adversely impact my application. I understand that any false information submitted with this application may result in my removal as a volunteer for the American Council of Snowmobile Associations. I agree to abide by all rules, regulations, policies, and procedures set by the American Council of Snowmobile Association's guidelines.

	Date:
Applicant's Signature	