



Society for Handicapped Children & Adults
Over 60 years of Caring

2010 Golfing Unlimited Volunteer Application Form

Legal Name: _____ SSN: _____ - _____ - _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Birth Date: _____ Gender: M ___ F ___

E-Mail: _____ Cell Phone: _____

Golfing Unlimited Availability

All Golfing Unlimited Volunteers must attend a mandatory First Tee Training
Please check your choice-You will receive a confirmation email from First Tee regarding your training class

- Saturday, Feb. 20 at Muni Golf Course at 9:00-11:00 a.m.
- Tuesday, Feb. 23 at Del Rio Country Club at 5:30-7:30 p.m.
- Thursday, Feb. 25 at Del Rio Country club at 5:30-7:30 p.m.
- March 11 March 16 at Muni Golf Course at 5:30-7:30 p.m.

Golfing Unlimited Session- Monday Evenings April 12th through May 17th 5:00- 6:00 pm
I am available for all 6 clinics _____

I am available for the following Golfing Unlimited clinics (circle all that apply) 4/12 4/19 4/26 5/3 5/10 5/17
Have you volunteered in any of the Society for Handicapped programs?

Yes ___ No ___ if yes, which one(s)? _____

Have you volunteered for First Tee? Yes _____ No _____ if yes, when? _____

Please provide references (two):

1. Name: _____ Phone: _____ Relation: _____

2. Name: _____ Phone: _____ Relation: _____

Emergency Contact

Name: _____ Phone: _____ Relation: _____

Waiver and Liability Release Agreement

I assume all risks of injury whatsoever and agree to hold harmless and promise not to sue Society for Handicapped Children and Adults, The First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Society for Handicapped Children and Adults, The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, participants and volunteers. I agree that photographs and/or my name, may be published in, or used by Society for Handicapped and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for Handicapped and The First Tee of Modesto

Signature _____ Date _____ / _____ / _____

Background Check Authorization Agreement

Society for Handicapped Children and Adults and The First Tee of Modesto is an at-will employer and we conduct background investigations for all applicants being considered for employment and volunteer work. I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. My signature below authorizes Society for Handicapped and The First Tee of Modesto to conduct a complete background investigation. I authorize the agency contacted by Society for Handicapped and The First Tee of Modesto to provide the information requested and I release them from liability for any information that they may provide. I understand that my authorization to volunteer is contingent upon receipt of satisfactory reports and background investigations.

Signature: _____ Date: _____ / _____ / _____

Drivers License # _____ (please include copy of your drivers license with application)

Approved by: _____ Date: _____ / _____ / _____