



Girls on the Run of Cincinnati, Inc. Volunteer Application

Please print clearly and return this application with a list of three references to:

Girls on the Run of Greater Cincinnati
3330 Erie Ave. Suite 8
Cincinnati, OH 45208
or fax to 513-672-0552

**THANK YOU for your interest in volunteering with Girls on the Run!
We are looking forward to working with you!**

LAST NAME: _____ FIRST NAME: _____ M.I. _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTHDATE: _____ SHIRT SIZE _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT:

- E-mail
- Home phone (time of day: _____)
- Work phone (time of day: _____)

Please answer the following questions:

1. I am interested in serving as a Girls on the Run:

- ____ Head Coach (open to women only)
- ____ Assistant Coach
- ____ Running Buddy for GOTR 5K
- ____ Volunteer for community events
- ____ Webmaster/Developer
- ____ Administrative supporter
- ____ Committee Member (please circle: Event Planning, 5k Race, Solemates, Marketing, Operations)
- ____ Spokesperson/Representative at open houses, volunteer fairs, race expos
- ____ Fundraiser and/or Grant Writer
- ____ Other - Please explain: _____

2. I prefer to work with Girls on the Run:

- ____ Weekdays, early afternoons (3pm-5pm) ****we have the biggest need for coaches in this timeframe****
- ____ Weekdays, late afternoon or early evening (5pm-7pm)
- ____ Weekends
- ____ Other - Please list times: _____

Coaches: Please list any areas of town or specific GOTR locations where you would prefer to coach:

Additional Information

1. How did you hear about Girls on the Run of Cincinnati?

Friend, please share their name with us so we can thank them: _____

Article Website Community Event Other: _____

2. What is your experience working with children, specifically in 3rd - 5th and 6th - 8th grades?

3. Please list your current and/or past volunteer experience and the length of time you volunteered:

4. Special skills/qualifications you possess that would be of value to Girls on the Run:

5. Why do you wish to volunteer with Girls on the Run and/or what attracted you to our program?

6. Why is working with girls and /or running important to you?

7. Name one of your strengths and one of your challenges, especially in reference to working with girls.

8. How do you envision your coaching style (if you are planning to serve as a coach or assistant coach)?

9. What do you do to maintain the balance in your life?

10. As a coach or volunteer, what is the one thing that you want the girls to specifically learn from you?

11. Why would you be a good role model for these girls?

12. Please list individuals who can serve as references for you and your character.

Name	Contact Information	Relationship to You

13. Please briefly list your educational background.

14. Help us get to know you better...

Favorite sport / activity? _____

Favorite fruit? _____

Favorite dessert / treat? _____

Favorite thing to do on the weekends? _____

As a **Girls on the Run** policy, coaches must be drug-free and tobacco-free and must not consume excessive amounts of alcohol. In addition, if a Girls on the Run coach has suffered from an eating disorder, that coach must have completed treatment at least one year prior to the date signed below. Girls on the Run of Cincinnati reserve the right to dismiss volunteers for violation of this policy. By signing below, you solemnly swear that you are abiding by all of the above policies and the terms set forth in the head or assistant coach job description.

Signature _____ Date _____

BACKGROUND CHECK AUTHORIZATION

During the application process and at any time during the tenure of my volunteer work with Girls on the Run of Cincinnati, Inc. (GOTR), I hereby authorize ChoicePoint Services Inc., on behalf of GOTR to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant's Signature

Current Date

_____-_____-_____
Social Security Number

Date of Birth

Printed Name _____

Street Address _____

City, State, Zip _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

GOTR Greater Cincinnati Coach Health History Form - **Confidential**

Coach Name: _____ **Birth Date:** _____ **Ethnicity:** _____

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

Emergency Contacts – Please include their relationship to you (spouse, sister, parent,...)

Contact #1: _____ **Work Phone:** _____ **Mobile Phone:** _____

Contact #2: _____ **Work Phone:** _____ **Mobile Phone:** _____

Allergies (please list any/all allergies you have experienced): _____

Medications (please list any/all medications you are currently taking): _____

General Questions (If “YES”, please explain below):

QUESTION	YES	NO	QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			10. Ever been dizzy during or after exercise?			19. Had mononucleosis in the past 12 months?		
2. Have a chronic or recurring illness/condition			11. Ever had seizures?			20. Ever been diagnosed with a heart murmur?		
3. Ever been hospitalized?			12. Ever had measles?			21. Have asthma?		
4. Ever had surgery?			13. Ever had mumps?			22. Ever had chicken pox?		
5. Have frequent headaches?			14. Ever had german measles?			23. Ever had an eating disorder?		
6. Ever had a head injury?			15. Ever had hepatitis?			24. Ever had high blood pressure?		
7. Ever been knocked unconscious?			16. Ever had back problems?			25. Have diabetes?		
8. Wear glasses, contacts or protective eyewear?			17. Ever passed out or had chest pain during or after exercise?			26. Had problems with diarrhea/constipation?		
9. Ever had frequent ear infections?			18. Have any skin problems?			27. Ever had problems with joints?		

Please explain any “yes” answers, noting the number of the questions:

Insurance Info: Do you have insurance? YES NO Carrier/Plan Name: _____ Group # / Policy #: _____

Preferred Physician / Phone: _____ **Preferred Dentist / Phone:** _____

I understand that during the delivery of the GOTR program, as a Coach, I will be involved in physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Greater Cincinnati, Inc. and Girls on the Run International, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys’ fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me related directly or indirectly to the program (including without limitation the 5k race), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions. In addition, if I am unresponsive, I hereby authorize Girls on the Run of Greater Cincinnati, Inc. if after a reasonable attempt has been made to reach emergency contacts to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician or surgeon who may treat the me, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to me by any health care professional who may treat me. I agree to pay for any such treatment and to reimburse Girls on the Run of Greater Cincinnati, Inc. for all costs and expenses it may incur related to such treatment. I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of me or in which I may be included with others, to copyright the same, in the name of Girls on the Run or otherwise; to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge Girls on the Run from any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any and all claims for libel or invasion of privacy.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I may have or possess against Girls on the Run. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement. I have fully read the above permissions and releases, understand them, and I expressly agree to them. This permission and release is binding on me and my executor, administrators and heirs.

Please Note: You MUST sign and date the form.

Your Name (please print): _____ **Your SIGNATURE:** _____ **Date:** _____