

Event Volunteer Information

VOLUNTEER'S GENERAL INFORMATION		
Name:	Age:	Vehicle Make/Model/Tag #:
Address:		
Phone Number(s):		
Email Address		
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
EMERGENCY CONTACT		
Name:		Phone:
Relationship:		
ALL ABOUT YOU		
Do you have a Medical Bag?		Do you have Recovery Gear?
Please list what type of communication equipment you have, if any: ie CB, hand held radio, Ham Radio, or Cell Phone only		
Are you affiliated with any Off-Road organizations or clubs?		
Describe any special skills, talents, or relevant certifications you may have.		
Have you completed the Tread Lightly 101 online course? Yes No		
What is your level of Off-Road experience: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Experience <input type="checkbox"/> Advanced		
Do you have an off road capable vehicle? Yes No		
Will you be camping on-site of property? Camper? <input type="checkbox"/> Tent <input type="checkbox"/> Off-site <input type="checkbox"/>		
Do you need electric for a medical device? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medical training (Yes or No) _____		
Certifications?		
Have you volunteered at FTTC in the past? Yes No		
PHYSICAL LIMITATIONS		
Please list any physical limitations you may have:		

MISCELLANEOUS					
What is your T-Shirt size?	M	L	XL	2XL	3XL
Do you have any connections with any Groups or Organizations who may be willing to participate as a sponsor to the event?					

Volunteer Agreement

Medical Treatment. I hereby release and forever discharge **Florida Trail Team Challenge, staff, volunteers and sponsors** from any claim whatsoever which may arise in relation to any treatment, first aid, or service rendered with my activities with **Florida Trail Team Challenge**.

Insurance. I understand that **Florida Trail Team Challenge, staff, volunteers and sponsors** does not maintain or carry medical, health, or disability or accident insurance coverage for any volunteer. Every volunteer is expected to attain their own medical or health insurance. All vehicles must be registered and insured.

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

Autonomous. I understand that I will be responsible for my sleeping arrangements and sustenance throughout the weekend.

I hereby agree that my answers to this event volunteer 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 **Florida Trail Team Challenge**. I agree to abide by all rules, regulations, polices, and procedures set by **Florida Trail Team Challenge’s** guidelines. I am willingly volunteering to assist during the challenge knowing and accepting the risks to person and property.

_____ Applicant’s Signature

Date: _____

Please download Microsoft Teams as Trainings and Volunteer calls will be through Teams.