



EL CENTRO POLICE ATHLETIC LEAGUE  
 1100 N. 4<sup>th</sup> Street  
 El Centro, CA 92243  
 (760) 337-4577

### Volunteer Application

All information is confidential

<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>	<b>Home Phone:</b>	<b>Cell/Business Phone:</b>	
<b>Home Address:</b>		<b>City:</b>	<b>Zip:</b>	<b>Email Address:</b>	
<b>Driver License #:</b>	<b>Social Security #:</b>	<b>Ht:</b>	<b>Wt:</b>	<b>Hair Color</b>	<b>Eye Color</b>

Do you have a First Aid card?  Yes  No      If yes, what is the expiration date? \_\_\_\_\_

Do you have a C.P.R. card?  Yes  No      If yes, what is the expiration date? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No      If yes, give brief detail on back.

**Check area(s) in which you would be willing to help.**

- Coach       Assistant Coach       Referee       Clerical       Youth Center       Special Projects  
 Fund Raising       Concessions       Other: \_\_\_\_\_

### RELEASE

I the participant in the above mentioned activity, hereby waive, release and discharge any and all claims for damages or death, personal injury or property damage which I may have, or which may occur to me in said activity. This release is intended to discharge in advance the El Centro Police Athletic League and any other involved entities from and against any and all liability arising out of or connected in any way with participation in said activity.

Date: \_\_\_\_\_  
Signature of Participant

### CONSENT TO TREATMENT

In the event of sudden illness, injury or accident which may occur while engaged in an activity supervised by the El Centro Police Athletic League, their representatives, agents and assignees, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the Sate of California.

Date: \_\_\_\_\_  
Signature of Participant

<b>Family Physician:</b>	<b>Physician's Phone:</b>	<b>Medical Problems or Medications</b>		
<b>Name of Emergency Contact:</b>		<b>Contact's Home Phone:</b>	<b>Contact's Work Phone:</b>	<b>Relationship:</b>