

**OMAHA JUNIOR WHEELCHAIR SPORTS & RECREATION CAMP  
VOLUNTEER FORM**

Please complete and return before the deadline date – July 3, 2010  
One form per person - Duplicate if needed

Name \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip  
code \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ T-shirt size \_\_\_\_\_ (S - XL unless noted otherwise)

**VOLUNTEER COMMITMENTS ARE FULL DAYS 8:30 AM-3:30 PM**

\_\_\_\_\_ Monday, July 26th                      \_\_\_\_\_ Tuesday, July 27th  
\_\_\_\_\_ Wednesday, July 28th                \_\_\_\_\_ Thursday, July 29th  
\_\_\_\_\_ Friday, July 30th

Would you work in the pool every day?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Where or how did you hear about us?  
\_\_\_\_\_

NOTE: All volunteers should have an application on file by July 3. VOLUNTEER AVAILABILITY IS LIMITED. No drop-ins please.

Please return volunteer form to one of the following:

Marcia Coffeen  
c/o Benson Community Center  
6008 Maple  
Omaha, NE 68111

Fax form to (402)444-5185

Email form to [mcoffeen@ci.omaha.ne.us](mailto:mcoffeen@ci.omaha.ne.us) or [rmk5615@cox.net](mailto:rmk5615@cox.net)

For Questions call Marcia Coffeen at (402) 444-5184

*Volunteer Media Release*

I hereby assign all rights to the film/photographs/video/sound recordings/website photos made of me by the Omaha Parks and Recreation Department, Council Bluffs Parks and Recreation Department, Iowa School for the Deaf, Alegent Health Immanuel Rehabilitation Center, Great Plains Paralyzed Veterans of America or the Eastern Nebraska Wheelchair Athletic Association for the purpose of illustration, publication, or broadcast in connection with the Junior Wheelchair Sports and Recreation Camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless**

I \_\_\_\_\_ do fully understand and forever release and discharge and hereby covent and agree to hold harmless and indemnify the City of Omaha Parks and Recreation Department, Council Bluffs Park and Recreation Department, Iowa School for the Deaf, Alegent Health Immanuel Rehabilitation Center, Great Plains Paralyzed Veterans of America or the Eastern Nebraska Wheelchair Athletic Association and their employees involved with the Junior Wheelchair Sports & Recreation Camp against any suit, claims, costs, attorney fees for and on account of injury.

Signature \_\_\_\_\_

ACK _____ PKT _____
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