



Girls on the Run of Gaston County
Volunteer Application



Please print clearly and return this application to:
Girls on the Run of Gaston County
991 W. Hudson Blvd
Gastonia NC 28052
kathleen.boyce@co.gaston.nc.us
or fax to 704-862-5307

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 _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact:

T-Shirt Size: (circle one)

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

Adult S Adult M Adult L Adult XL Adult XXL

Please answer the following questions:

- I am interested in serving as a Girls on the Run:
Head Coach (open to women only)
Assistant Coach
Running Buddy for Community 5K
Volunteer for Community 5k
Volunteer for specific site (i.e., bring snacks, prepare lesson materials)
Webmaster/Developer
Administrative supporter
Spokesperson/Representative at open houses, volunteer fairs, etc.
Fundraiser and/or Grant Writer
Other - Please explain: _____

- I prefer to work with Girls on the Run:
Weekdays, early afternoons (1:30 pm-4 pm)
Weekdays, late afternoon or early evening (4 pm-7 pm)
Weekends
Other - Please list times: _____

If you are interested in coaching, please list the school that you would prefer to volunteer in:

I prefer to coach _____ Girls on the Run (3rd – 5th grade) _____ Girls on Track (6th – 8th grade)

Additional Information

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

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

Poster/Sign Website Volunteer Fair/Open House Other: _____

2. What is your experience working with children, specifically in preferred 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)?

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

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

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

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

Name	Contact information	Relationship to You

14. Please briefly list your education background.

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 Gaston County 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 FORM

I hereby authorize Carolina Connections, Inc., Girls on the Run International, and its agents to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history, and other reports as deemed necessary by Girls on the Run. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; drug screening; and all other public documents required. I further authorize any individual company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for Girls on the Run International and its agents. I also understand that this authorization, in original or copy form, authorizes Girls on the Run International to obtain and consider such reports regarding me at any time when considering my potential or continued involvement with Girls on the Run International, both now and in the future.

I acknowledge that I have read the information contained on this form carefully. I also certify that all of the information provided by me on the attached data sheets is true and complete to the best of my knowledge. I further understand that any omission of fact or false or misleading information given on the attached data sheets may result in the termination of my employment / engagement / volunteer status at Girls on the Run, as applicable.

I hereby release Girls on the Run and its officers, directors, employees and other agents, and all other persons, employers, businesses, schools, consumer information agencies, records search firms and other entities, of and from any and all potential liability arising from inquiries by employment / engagement / volunteer status at Girls on the Run and its agents concerning the background checks described above and/or the compilation or use of such information and reports regarding me. 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.

Required Information:

Full Name:		
Maiden/Other:		Dates Used:
Social Security Number: (- -)		Date of Birth:
Driver's License Number:	State:	Expiration:
Present Address:		
How long have you lived at your current address:		
Previous Address:		

Date: _____

Signature: _____

Print Name: _____

***CA, MN, OK Residents please note:** In connection with your application, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below. YES, I would like a free copy of my consumer report.

This completed form should be returned to the respective Girls on the Run Council
CAROLINA CONNECTIONS, INC.
PO Box 1604, Mount Airy, NC 27030 / Phone: (336) 786-7030



Confidential Coach Health History

Name: _____ Birth Date: _____ Ethnicity: _____

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

Emergency Contact #1: _____ Relationship: _____

Day Phone: _____ Mobile Phone: _____

Emergency Contact #2: _____ Relationship: _____

Day 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, contact 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 Information: Do you have insurance? Yes No Carrier/Plan: _____

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 Gaston County, 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 Gaston County, 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 Gaston County, 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:** _____



LOGO GUIDELINE AGREEMENT

Girls on the Run® International has strict brand identity standards that all councils must adhere to when using the Girls on the Run name and logo.

Girls on the Run International hereby grants to Girls on the Run of _____ (“Council”), a limited permission to use the Girls on the Run registered trademark as depicted in the Brand Identity Guidelines without any additions or alterations for the purpose of producing written materials, posters, flyers, brochures and materials of the like, in order to promote the Girls on the Run program and special events. No other use of the logo is permitted. This permission is effective from the authorized date of the membership agreement until otherwise terminated. Any subsequent use of the logo or any other Girls on the Run trademarks or copyrighted materials is strictly prohibited, unless granted in writing through contract with Girls on the Run International.

This logo must be used exactly as provided and cannot be altered or adorned in any way. PMS colors are pink PMS 240C and green PMS 367C.

Councils may not reproduce the Girls on the Run name or logo on any apparel or merchandising without prior written approval of Girls on the Run International.

Please read the following information and sign and return a copy to Girls on the Run International by the required deadline.

I, _____ (representative of “Council”), agree to the following logo usage guidelines.

1. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received.
2. I will not alter, change or adorn the logo in any way and agree to adhere to the guidelines set forth in the Branding Guidelines.
3. I agree to provide Girls on the Run International with advance copies of any materials created with the Girls on the Run name or logo.
4. I agree to remove the Girls on the Run name and/or logo within 5 business days as requested by Girls on the Run International.

Signature

Date

*Please refer to Branding Guidelines for National Sponsor logo usage and requirements.



NON-COMPETE CLAUSE

I, _____ [print], as an employee / Board of Director agree to the following:

1. I will not deliver the Girls on the Run® program or any similar program unless I am working as an employee or volunteer of a Girls on the Run Council or Girls on the Run International.
2. I may not create or help develop a program that has similar goals and structure to that of Girls on the Run within a two-year period of my employment at the Girls on the Run Council.
3. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received.

Signature:

Date:

Girls on the Run Council Representative Signature:

Date:



GASTON COUNTY HEALTH DEPARTMENT PERSONNEL AGREEMENT

Confidentiality:

As an employee, volunteer, student, or affiliate with privileges at the Gaston County Health Department, you may have access to *confidential information*. We define *confidential information* as any information that relates to patient identity as well as medical and financial information. The purpose of this agreement is to ensure that you understand your duties regarding confidential information so that you fully comply with all Local, State, and Federal regulations regarding confidentiality.

Confidential information is protected by law as well as Gaston County Health Department Policies. The intent of these laws and policies is to assure that confidential information remains confidential - that it will be used only as necessary to fulfill the goals of the Gaston County Health Department. As an employee, volunteer, student, or affiliate, you are required to conduct yourself in strict conformance to these laws and policies governing confidential information. You are required to read and to abide by these duties. Any violation of these duties will subject you to disciplinary action, which may include termination of employment, contract, and legal liability.

I agree to fully and completely uphold the conditions of this confidentiality agreement.

1. I will use confidential information only as needed to perform my required duties as an employee, volunteer, student, or affiliate with the Gaston County Health Department.
 - A. I will only access confidential information for which I have a need to know.
 - B. I will not divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as authorized by the Gaston County Health Department.
 - C. I will treat all confidential information in a manner that protects this information by others.
2. I will not disclose any passwords or other authorization I have that provides my access to confidential information.
3. I will report activities by any individual or entity, I suspect of compromising client confidentiality. Reports made in good faith regarding suspected activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

Policies and Procedures:

It is the responsibility of all Gaston County Health Department personnel to be familiar and comply with the Gaston County Personnel Policies and Procedure Manual in addition to those of the Health Department.

Please print and sign your name below:

Employee/Volunteer/Student/Affiliate

Date

Witness

Date