

Gliding Stars of Erie
P.O. Box 11304
Erie, PA 16514

glidingstarsoferie@gmail.com
glidingstarsoferie.org



Volunteer Registration Form 2024-2025

Please print and complete all items.

Last Name:		First Name:		Date of Birth:	Gender: ____ male ____ femaile
Street Address:			City:	State::	Zip Code::
Cell Phone:	Home Phone:		Email:		
Involvement with Gliding Stars:: ____ Years ____ New this Year (Welcome!)		:			

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events? Yes No
Number(s) to text: _____

Emergency Contact #1 Parent, if Volunteer is under 18		Emergency Contact #2	
Name (Parent / Guardian):		Name:	
Street Address:		:Street Address:	
City/State/Zip Code:		City/State/Zip Code	
Phone:: Cell? ____ Home? ____		:Phone: Cell? ____ Home? ____	
: Email:		: Email:	
Relationship To Volunteer:		Relationship To Volunteer:	
Volunteer School or Employment:			
Employer/School Name:		Address or School District Name:	
Does your employer have a volunteer incentive program or matching gift program? Yes ____ No ____		Do you need service hour documentation? Yes ____ No ____	

How I Can Help:

On Ice Skating ? _____ Level of skating ability: Beginner _____, Intermediate _____, Advanced _____

Off Ice ? Weekly Check In Table _____, Equipment _____, Fundraising _____, Clerical _____,

Special Events _____, Day of Show _____, Show Set-Up/Tear Down _____,

Assist Skaters On/Off Ice _____, Weekly Music _____, Costumes (minor sewing) _____

Volunteer Code of Conduct:

Be respectful of our Stars and their parents/guardians, our coaches and other volunteers.

Keep your Star's feeling in mind, learn about their challenges, know them as people!

Be a positive role model...Leave your problems outside, concentrate on your Star.

Take direction and instructions from our coaches and director...any issues should be brought to their attention.

Silence your cell phones...PLEASE no calls while you are on the ice with your Star.

No food or drink on the ice.

Always stay with your Star throughout the skating session.

Exchange contact information with your Star's parent/guardian should you need to miss a session.

Any verbal or physical acts of questionable behavior will NOT be tolerated!!

On-ice volunteers: please no fast skating or racing at any time.

_____ Volunteer initials

Agreement/Permission Statement:

I agree to allow the volunteer listed on this form to participate with Gliding Stars of Erie, Inc during weekly sessions, rehearsal sessions and the ice show at the conclusion of the skating season and to cooperate fully with person(s) in charge of each session. I give permission for this volunteer to be photographed, video taped or interviewed by media or private persons for use in Gliding Stars of Erie, Inc program promotion(s). I understand that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death as a result of or in connection with Gliding Stars of Erie, Inc and property. I agree to indemnify, defend and hold harmless the Gliding Stars of Erie, Inc from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost or other obligation of any nature, injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with Gliding Stars of Erie, Inc or use by the volunteer of the property. Further, I agree to abide by the above basic Code of Conduct. NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Volunteer Name (please print)	Volunteer Signature:	Date
Parent/Guardian (if volunteer is under 18 – please print)	Parent/ Guardian Signature (If under the age of 18 and/ or require such additional permission.)	