



# VOLUNTEER APPLICATION

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Please fill this form and return to *FISHING FOR A CURE...ONE CAST AT A TIME* to receive consideration for a volunteer position. You may mail this form to our mailing address at 100 South Berkey Drive, Chittenango NY 13037, or attach it to an email at [cny.jenners@gmail.com](mailto:cny.jenners@gmail.com).

## YOUR INFORMATION

VOLUNTEER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## VOLUNTEERING AND FISHING EXPERIENCE

1. Your interest in volunteering through *FISHING FOR A CURE...ONE CAST AT A TIME*.

*Please tell us a little about yourself. Please include in your statement why you want to volunteer and how your experience has qualified you for this role (if any).*

2. Do you have experience in fishing and/or teaching fishing?

*Is so, please explain. No worries if the answer is no.*



## VOLUNTEER APPLICATION (Continued)

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3. Do you have experience in volunteering?

*Is so, please explain. No worries if the answer is no.*

### BACKGROUND INFORMATION

BACKGROUND INFORMATION CONSENT:

During the application process, *FISHING FOR A CURE...ONE CAST AT A TIME* may ask for personal background and reference information. Do you give consent to *FISHING FOR A CURE...ONE CAST AT A TIME* to collect this information?

Yes  No

1. What is your current employment status and career field?

*Please list current employer and your role at the company.*

2. Do you have any current certifications?

*For example, CPR, First Aid, First Responder, Lifeguard, etc.*



## VOLUNTEER APPLICATION (Continued)

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3. Do you have current special interests, skills, hobbies, or extracurricular activities?  
*If so, please explain.*

4. Do you have any health issues that we should be aware of in case of an emergency?  
*If so, please explain.*

5. Have you ever been convicted of a felony or have a history of substance abuse?  
*If so, please explain.*

6. Do you have a Valid Driver's License and Vehicle Insurance?

Yes  No

7. Have you completed a Boater Safety Course as required and approved by New York State?

Yes  No



# VOLUNTEER APPLICATION (Continued)

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## SPECIFIC FISHING INTERESTS

Please check the ones you would be willing to help with, or have an interest in.

- Casting Instruction
- Lure/Fly Selection
- Reading the Water
- Fly Tying
- Lure Making
- Rod Building
- Fly Fishing
- Freshwater Fishing
- Saltwater Fishing
- Shore Fishing
- Powerboat/Pontoon Boat Fishing
- Canoe/Kayak/SUP Fishing
- Navigation
- Knots
- Sustainable Fishing
- Ice Fishing
- Other *(Please explain)*

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## VOLUNTEER POSITIONS

Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.

- Office Help (Routine Office Tasks)
- Events (Activities, Trips, Social Events, Fundraising Events)
- Communications, Publicity
- Transportation (Car Required)
- Teaching/Instruction

## AVAILABILITY

What days are you usually available?

Mon. Tues. Wed. Thur. Fri. Sat. Sun.

*Circle your selection.*

How many hours are you available per week?

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Do you prefer morning, afternoon, or evenings?

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Best timeframes available?

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# VOLUNTEER APPLICATION (Continued)

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## EMERGENCY POINT OF CONTACT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## OTHER

*Use this space to write down anything else you feel we should know.*



# VOLUNTEER APPLICATION (Continued)

## REFERENCES

Please provide three (3) references. Include one (1) professional reference.

REFERENCE NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

The organizations, officers, directors, employees, and persons served by this corporation shall be selected in a non-discriminatory manner with respect to age, sex, race, color, national origin, sexual orientation and political or religious opinion or affiliation.

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Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

\_\_\_ Approved By: \_\_\_\_\_

\_\_\_ Not Approved Date: \_\_\_\_\_

Disapproval  
Reason:  
(If applicable)



## VOLUNTEER WAIVER & RELEASE OF LIABILITY FORM

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VOLUNTEER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

*I, the above listed Volunteer, desire to work as a volunteer for FISHING FOR A CURE...ONE CAST AT A TIME and engage in the activities related to being a volunteer for a work project.*

*I hereby voluntarily, execute this Volunteer Waiver under the following terms:*

*I, the Volunteer, release and hold harmless the FISHING FOR A CURE...ONE CAST AT A TIME and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with FISHING FOR A CURE...ONE CAST AT A TIME.*

*I understand that this Waiver discharges FISHING FOR A CURE...ONE CAST AT A TIME from any liability or claim that I, the Volunteer, may have against FISHING FOR A CURE...ONE CAST AT A TIME with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on FISHING FOR A CURE...ONE CAST AT A TIME work site. I also fully understand that FISHING FOR A CURE...ONE CAST AT A TIME does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.*

*I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of FISHING FOR A CURE...ONE CAST AT A TIME beyond what may be offered freely by the representative of FISHING FOR A CURE...ONE CAST AT A TIME in the event of such injury or medical expense.*

*I hereby release FISHING FOR A CURE...ONE CAST AT A TIME from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with FISHING FOR A CURE...ONE CAST AT A TIME.*

*I understand that my time with FISHING FOR A CURE...ONE CAST AT A TIME may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release FISHING FOR A CURE...ONE CAST AT A TIME from all liability for injury, illness, death, or property damage resulting from the activities of my time with FISHING FOR A CURE...ONE CAST AT A TIME.*



## VOLUNTEER WAIVER & RELEASE OF LIABILITY FORM (Continued)

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*I grant unto FISHING FOR A CURE...ONE CAST AT A TIME all right, title, and interest in any and all photographic images and video or audio recordings that are made by FISHING FOR A CURE...ONE CAST AT A TIME during my work with FISHING FOR A CURE...ONE CAST AT A TIME, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.*

*I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of New York in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue too enforceable.*

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Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_