



Volunteer Application Form



Please note that volunteers for We Can Kick It must be 18 or older.

Personal Information

First and Last Name: _____

Email Address: _____

Phone Number: _____ Age: _____

Emergency Contact First and Last Name: _____

Emergency Contact Phone Number: _____

Background Information

How did you hear about We Can Kick It? _____

Which event name/location where you would like to volunteer? _____

What is the date of that event or program? _____

Briefly tell us about yourself and your interest in volunteering with us:

Do you have experience with children affected by cancer? Yes No

If Yes, please explain:

Due to the nature of our services, we conduct a background check. Do you have a prior criminal history you would like to self-disclose? Yes No

If Yes, please explain:

Reference #1: First and Last Name: _____

Email: _____

Phone Number: _____

Reference #2: First and Last Name: _____

Email: _____

Phone Number: _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all soccer and field-related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that I may sustain while participating in any activity at this We Can Kick It inc. event and any injuries which I may sustain while on the premises of the event. I ensure that I am physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending the event.

I permit camp trainers, coaches, or contracted healthcare professionals to start preliminary treatment and arrange transportation for me to a local emergency room in the event that I become ill or injured.

I confirm that I am vaccinated for COVID-19 and am not displaying symptoms of COVID-19. To my knowledge, I have not been in recent contact with anyone diagnosed with or showing symptoms of COVID-19.

I grant permission for the publication and use of my likeness ("Likeness") for the purpose of promotion, publicity, advertising, or other manner or media by We Can Kick It ("WCKI"). Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials, or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of WCKI and that I shall not have any right of review or approval regarding my name and/or Likeness in such material.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS, INCLUDING PERMISSION TO TREAT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my heirs, executors, administrators, and assigns.

Signature: _____

Date: _____

Please attach a copy of two separate photo IDs when submitting your application or email them along with your contact details to info@wecankickit.org.