



Volunteer Information & Waiver Form

Contact Information		
Name		
Street Address		
City, State & Zip Code		
Home Phone/Cell Phone		
Work Phone		
E-Mail Address		
Where to Help – Check all areas where you would like to contribute.		
<input type="checkbox"/> Fishing Volunteer	<input type="checkbox"/> Non-Fishing Volunteer	<input type="checkbox"/> One-Day Volunteer
<input type="checkbox"/> 2-1/2 Day Retreat	<input type="checkbox"/> Reunion Retreat	<input type="checkbox"/> Carpooling Participants
<input type="checkbox"/> Pre-Retreat Organizing	<input type="checkbox"/> Onsite Retreat Coordination	<input type="checkbox"/> Post-Retreat Organizing
<input type="checkbox"/> Grocery/Supply Shopping	<input type="checkbox"/> Equipment Coordination	<input type="checkbox"/> Equipment Maintenance
<input type="checkbox"/> Fly Fishing Instruction	<input type="checkbox"/> Entomology Instruction	<input type="checkbox"/> Knot Tying Instruction
<input type="checkbox"/> Participant Recruitment	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Other – Describe:
Skill Inventory – Circle or add relevant information where appropriate.		
Please note that lack of any skill(s) listed below does not disqualify you from volunteer opportunities.		
I AM...		
Y or N	Comfortable setting up your fly fishing equipment and fishing on your own?	
Y or N	Open to learning new fishing skills, enhancing your knowledge, or sharing your expertise with others?	
Y or N	Comfortable wading and navigating an unfamiliar river?	
Y or N	Capable of safely wading & shadowing a novice fly fisher and/or non-swimmer?	
Y or N	Currently certified in CPR, First Aid, Wilderness First Aid, Medical Profession, Food Sanitation, Social Work or other relevant area?	
I HAVE...		
Y or N	Studied the mechanics of fly casting through related books, videos, classes or workshops?	
Y or N	Received fly fishing instruction in any of these areas: On-stream Fly Presentation, River Ecology, Fly Tying or Catch & Release? <i>(circle relevant areas)</i>	
Y or N	Instructed others (outside of family members) in any aspect of fly fishing?	
Y or N	Prior corporate catering, event planning or hotel experience?	
I CAN...		
Y or N	Describe the life cycles of mayflies, caddisflies and stoneflies?	
Y or N	Demonstrate how to 1) Set-up a rod and reel; 2) Utilize a loop-to-loop; 3) Rebuild a leader?	
Y or N	Confidently tie a 1) Clinch knot; 2) Double Surgeon's knot; 3) Perfection Loop; 4) Nail knot	
Y or N	Describe how to 1) locate trout in a river and 2) describe a riffle, run and pool?	
Y or N	Explain 1) the difference between a dry fly, wet fly and streamer and 2) how to fish with them?	
Y or N	Confirm you meet or exceed the physical requirements detailed on the Health Form?	
Circle	Describe your casting skill level/proficiency as:	
→	1) Novice; 2) Comfortable in Most Situations; or 3) Self Described Expert.	



Reeling & Healing Midwest



Previous Volunteer Experience or Cancer Experience

Summarize your previous volunteer and/or cancer experience.

Fly Fishing

It is not required, but do you have any previous experience? Please describe:

Do you have your own equipment? YES or NO Will you need to borrow any equipment? YES or NO

If you need waders please provide: Shoe Size_____ Hip Measurement_____ Height_____

Other Notations

Do you have any physical restrictions and/or special needs?

Do you have any allergies? Chronic health issues?

Are you presently taking any medications? If yes, please list:

Birth Date: Month_____ Date:_____

TYPE of Sleeper: LIGHT___ EARLY RISER___ HEAVY___ SNORE___ APNEA/MACHINE/OTHER_____

What was the date of the last Reeling & Healing Midwest retreat you attended?

Any other information for us to know?

Emergency Contact Information

If we need to contact anyone on your behalf while you are attending the retreat.

Name	
Street Address	
City, State & Zip Code	
Home Phone	
Work Phone	



Reeling & Healing Midwest



Agreement and Signature

I have completed the above information and acknowledge it true. I acknowledge that if I volunteer, I agree to assume responsibility for myself. I further agree to waive any claims against Reeling & Healing Midwest, its officers, employees, agents or volunteers resulting from any and all losses, damages, costs and expenses that are caused by or arise out of any act, omission, default, negligence or other misconduct by Reeling & Healing Midwest in connection with this participation. I agree that Reeling & Healing Midwest may conduct background checks or request other history as deemed necessary.

I acknowledge that the Reeling & Healing Midwest volunteers are not providing medical or psychological diagnosis, treatment, opinions, referrals, guidance, assistance, or counseling for any participants or me and that the volunteers are present for the purpose of facilitating involvement and not to provide professional services to group participants. I acknowledge that I am of good physical health and capable of participating in activities to the best of my abilities. I understand I am not required to participate in any activity that I am not comfortable performing. I understand that reasonable measures will be taken to safeguard the health and safety of all participants at any event and that my emergency contact will be notified as soon as possible in case of an emergency. In the event they cannot be reached, I hereby authorize Reeling & Healing Midwest to acquire medical treatment for me.

I agree that the statements made on this application are true. I understand misrepresentation or omission of facts requested is cause for non-appointment as a Reeling & Healing volunteer. If appointed as a volunteer, I agree to adhere to the general policies and guidelines set forth by Reeling & Healing Midwest and to fulfill my volunteer responsibilities to the best of my ability. I understand this is a non-paid volunteer position.

I hereby grant to Reeling & Healing Midwest, its agent or assigns, my permission to use my first name, any and all pictures, photographs of or news stories about me for reproduction in any form but not limited to, advertising, illustration, television, or scientific publication.##

Name (printed)	
Signature	
Date	

Submitting Form

One of the following methods may be used to return the completed form:

Fax: 480-247-4964	Scan/e-mail: info@FishOn.org
Mail: Reeling & Healing Midwest	
ATTN: Retreat Coordinator (C. Sero)	
540 N. Dearborn St, P.O. Box 10469, Chicago, IL 60610-1027	

A Volunteer Coordinator will contact you when ALL your forms have been received. NOTE: To be accepted as a retreat volunteer, a completed Registration Form and Health Release Form are required as well as this one. All forms and your retreat registration fee are required to be considered as a volunteer and to confirm attendance for the retreat you have been authorized to attend.

If you have any questions concerning the forms or retreats, please send an email to info@FishOn.org or leave a voice mail for a Retreat Coordinator at 616-855-4017.

Thank you for completing this registration form and for your interest in volunteering with us.

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FISH ON!

2018