

# VOLUNTEER APPLICATION FORM

Fields marked with an asterisk (\*) are mandatory and must be entered

|                                                                              |                                                                                                                                                                                           |                    |                    |                                       |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------|
| <b>Legal Name</b>                                                            | <b>* First name</b>                                                                                                                                                                       | <b>Middle name</b> | <b>* Last name</b> | Place<br>your<br>photo<br>in this box |
| Please enter your legal name according to your photo ID (e.g. your passport) |                                                                                                                                                                                           |                    |                    |                                       |
| <b>* Name for ID badge</b>                                                   | Please enter FULL common name to be printed on your ID badge if different from your legal name (e.g. If your name is James Smith and you are normally called Jim, please enter Jim Smith) |                    |                    |                                       |

## General Information

|                        |                          |                                     |                                           |
|------------------------|--------------------------|-------------------------------------|-------------------------------------------|
| <b>* Address</b>       | Address line 1           |                                     |                                           |
|                        | Address line 2           |                                     |                                           |
|                        | City                     |                                     |                                           |
|                        | Province/Territory/State | Country                             | Postal/Zip Code                           |
| <b>Phone</b>           | Daytime:                 | Evening:                            | * Cell:                                   |
| <b>* Email Address</b> |                          |                                     |                                           |
| <b>* Gender</b>        | <input type="text"/>     | <b>* Date of birth (yyyy-mm-dd)</b> | <b>Shirt size</b><br><input type="text"/> |

## Skills

| <b>* Languages</b>          | <table border="1"> <thead> <tr> <th colspan="2">Spoken</th> <th colspan="2">Understood</th> <th colspan="2">Written</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Chinese</td> <td><input type="checkbox"/></td> <td>Chinese</td> <td><input type="checkbox"/></td> <td>Chinese</td> </tr> <tr> <td><input type="checkbox"/></td> <td>English</td> <td><input type="checkbox"/></td> <td>English</td> <td><input type="checkbox"/></td> <td>English</td> </tr> <tr> <td><input type="checkbox"/></td> <td>French</td> <td><input type="checkbox"/></td> <td>French</td> <td><input type="checkbox"/></td> <td>French</td> </tr> <tr> <td><input type="checkbox"/></td> <td>German</td> <td><input type="checkbox"/></td> <td>German</td> <td><input type="checkbox"/></td> <td>German</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Italian</td> <td><input type="checkbox"/></td> <td>Italian</td> <td><input type="checkbox"/></td> <td>Italian</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Portuguese</td> <td><input type="checkbox"/></td> <td>Portuguese</td> <td><input type="checkbox"/></td> <td>Portuguese</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Spanish</td> <td><input type="checkbox"/></td> <td>Spanish</td> <td><input type="checkbox"/></td> <td>Spanish</td> </tr> </tbody> </table> |                          |                          |                          |                              |            | Spoken |  | Understood |  | Written |  | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | English | <input type="checkbox"/> | English | <input type="checkbox"/> | English | <input type="checkbox"/> | French | <input type="checkbox"/> | French | <input type="checkbox"/> | French | <input type="checkbox"/> | German | <input type="checkbox"/> | German | <input type="checkbox"/> | German | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | Spanish |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|------------|--------|--|------------|--|---------|--|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|------------|--------------------------|------------|--------------------------|------------|--------------------------|---------|--------------------------|---------|--------------------------|---------|
|                             | Spoken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Understood               |                          | Written                      |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chinese                  | <input type="checkbox"/> | Chinese                  | <input type="checkbox"/>     | Chinese    |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | English                  | <input type="checkbox"/> | English                  | <input type="checkbox"/>     | English    |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | French                   | <input type="checkbox"/> | French                   | <input type="checkbox"/>     | French     |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | German                   | <input type="checkbox"/> | German                   | <input type="checkbox"/>     | German     |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Italian                  | <input type="checkbox"/> | Italian                  | <input type="checkbox"/>     | Italian    |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Portuguese               | <input type="checkbox"/> | Portuguese               | <input type="checkbox"/>     | Portuguese |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
| <input type="checkbox"/>    | Spanish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Spanish                  | <input type="checkbox"/> | Spanish                      |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
| <b>* Emergency Response</b> | <b>Do you possess a first aid certificate?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                              |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | If yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Level of certification   |                          |                          | Certification date (mm/yyyy) |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <b>Do you possess a Cardiopulmonary Resuscitation (CPR) certificate?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |                          |                              |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | If yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Level of certification   |                          |                          | Certification date (mm/yyyy) |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | <b>Are you a licensed medical professional?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                              |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |
|                             | If yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Profession               |                          |                          | Licensing Authority (Region) |            |        |  |            |  |         |  |                          |         |                          |         |                          |         |                          |         |                          |         |                          |         |                          |        |                          |        |                          |        |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |                          |            |                          |            |                          |            |                          |         |                          |         |                          |         |

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|                                                |                          |                                                                                          |
|------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------|
| <b>*Computer Skills</b> (Check all that apply) | <input type="checkbox"/> | I am comfortable using word processing software                                          |
|                                                | <input type="checkbox"/> | I am comfortable using:                      Databases                      Spreadsheets |
|                                                | <input type="checkbox"/> | I am comfortable performing basic troubleshooting to resolve day-to-day issues           |

|                           |                                                                                   |  |
|---------------------------|-----------------------------------------------------------------------------------|--|
| <b>*Additional Skills</b> | Do you have a valid driver's license? If yes, from where and when does it expire? |  |
|                           |                                                                                   |  |
|                           | Other skills:                                                                     |  |
|                           |                                                                                   |  |
|                           |                                                                                   |  |

### \* Interests

Please select at least three areas of interest for your volunteer assignment.

|                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Administration/Accounting Assistance</p> <p>Drivers</p> <p>Chinese-English; Chinese-Italian Translators</p> <p>Check-in/Registration/Orientation</p> <p>Hospitality</p> <p>Silk Road: merchandising/distribution</p> <p>Morning Practices</p> <p>Masters' Workshops</p> <p>Extra-symposium activities (tour guide, travel assistance, etc.)</p> <p>Volunteer Services</p> | <p>Opening Ceremonies</p> <p>Closing Ceremonies/Friendship Party and Farewell</p> <p>Academic Program</p> <p>Grand Showcase</p> <p>Tournament</p> <p>Design/Interior Design/Exterior</p> <p>Audio/Lighting/Video Technician</p> <p>Communications</p> <p>Symposium Relations</p> <p>Sponsorship/Fundraising</p> <p>Logistics</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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### \*Personal medical information

|                       |                                                                                                                                       |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Health considerations | What injuries and/or medical conditions do you have that may affect your participation?                                               |
| Vital medications     | What medications are you taking or serious allergies do you have that should be made known to medical personnel in case of emergency? |

### \* Emergency contact information

|                |            |           |      |
|----------------|------------|-----------|------|
| * Name         | First Name | Last Name |      |
| * Relationship |            |           |      |
| * Phone        | Daytime    | Evening   | Cell |
| * Email        |            |           |      |

### \* Statistical Information

|                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| With which Yang Chengfu Centre or IYTCCA Affiliated School are you associated?                                                                               |  |
| If you are not associated with a Centre or Affiliated School, but your teacher is a certified or affiliated instructor with the IYTCCA, who is your teacher? |  |
| If neither of the above pertains to you, please let us know who your Taijiquan teacher is and where do you practice taiji?                                   |  |
| How did you learn about the 2019 International Tai Chi Chuan Symposium?                                                                                      |  |

### \*Commitment, Consent and Waiver

I \_\_\_\_\_ agree and acknowledge the following in consideration of being made a volunteer for the 2019 International Tai Chi Symposium: Tai Chi Chuan Directly From the Source and the Yang Family Tai Chi Chuan Foundation (referred to as “Foundation”, “you” or “your” in this Commitment, Consent and Waiver):

1. To give my voluntary services to the Foundation without pay or other forms of compensation, to the best of my ability and to comply with all directions;
2. To abide by all local laws, follow the morals and ethics of the Yang Family Tai Chi Chuan Foundation during the execution of all activities;
3. To complete training sessions, work the minimum number of hours (suggested 6 over a six day period) and wear the official uniform as required;
4. To safeguard my personal property (i.e. knapsacks, wallets, purses, money, jewelry) located at all event premises or Symposium venues and to understand that the Foundation is not responsible for any lost, stolen or damaged personal property;
5. To refrain from doing anything to compromise my safety or the safety of others;
6. To comply with the Foundation Harassment Policy;
7. To not personally engage in or assist any person engaging in:
  - a. Any public speaking activities or promotions concerning either:
    - i. The Foundation or the International Yang Family Tai Chi Chuan Association (referred to as IYFTCCA), without expressed written approval; or
    - ii. Any other organization or movement whilst performing volunteer services for the Foundation;
8. To consent to my provision of volunteer services being photographed or recorded for use in the Foundation’s promotional or educational programs;
9. To your administration of first aid and/or medical treatment if I am injured or ill while providing volunteer services; and
10. That you may terminate my appointment as a volunteer if I do not comply with the provisions of this commitment or if I engage in serious misconduct which, in your opinion, adversely affects the interests of the Foundation or those of the IYFTCCA.

#### Personal Information Protection and Electronic Documents Management

As a result of my application as a Volunteer and compliance with the requirements of your policies, the Foundation will have received personal information from me. In accordance with U.S. Federal Laws pertaining to personal information protection and electronic documents management and the policies of the Foundation, personal information received from me will be held securely and in confidence, and will be used only: to conduct the screening activities required by the policies of the Foundation; in connection with the volunteer activity I may be assigned to and for accreditation purposes; to provide me with information from time to time by document and in electronic form; to communicate with me; to recognize my efforts individually and with others; in a general nature for volunteer statistical reporting; where you are required to do so by law.

By producing my personal information to you, I have consented to those uses and disclosures. All personal information is maintained securely.

#### Waiver

Certain volunteer positions have some risk. While the Foundation and IYFTCCA strive to reduce these risks, they can never be completely eliminated. In consideration of the Foundation and IYFTCCA accepting this application, I, for myself and for my heirs, executors, administrators and assigns, release the Foundation and IYFTCCA from any claims, demands, damages, actions or cause of action and waive any claims I may have in the future arising out of or in consequent of any loss, injury or damage which may have arisen by reason of my involvement as a volunteer or otherwise including, without limitation, any loss, injury or damage arising from the negligence of the Foundation or IYFTCCA, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Foundation or IYFTCCA.

|               |                                                                                     |           |
|---------------|-------------------------------------------------------------------------------------|-----------|
| <b>Accept</b> |  | Signature |
|---------------|-------------------------------------------------------------------------------------|-----------|