



# ATLANTIC DIVING TEAM FOUNDATION

Supporting and Developing Next Generation of Divers & Champions

## Volunteer Application

The Atlantic Diving Team Foundation, is a 501(c)(3) tax exempt, non-profit public charity organization focusing on growing the sport of diving and promoting healthy and active lives, especially for young athletes. Our Mission is to Support our Next Generation of Divers, Champions & Olympians by bringing awareness, safety and enjoyable environment to our future athletes.

By filling out this application you are expressing your desire to assist in our efforts and understand all positions are on a volunteer basis with no funding for compensation or benefits.

All information submitted through this application process will be kept confidential and not shared with any entities outside of the Atlantic Diving Team Foundation or its subsidiaries. **Please provide a recent photo with your application submission.**

Name: \_\_\_\_\_  
*First initial last*

Address: \_\_\_\_\_  
*Number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code:*

Phone – Primary: \_\_\_\_\_ Secondary (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Best Time To Contact Via Phone \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Preferences (Check the applicable boxes):

Area of Interest*	Volunteer Schedule*
Events: <input type="checkbox"/> Diving Facility Project <input type="checkbox"/> Gala <input type="checkbox"/> Golf Tournament	One Time Volunteer
Meets: <input type="checkbox"/> International A195 <input type="checkbox"/> Future Champions <input type="checkbox"/> Michele Mitchel	Long Term Volunteer
Organization: <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Fundraising Coordinator <input type="checkbox"/> Recruiter Coordinator <input type="checkbox"/> Sponsorship Coordinator <input type="checkbox"/> PR Coordinator	Unsure
Volunteer other areas	

Start Date*	Method of Contact*
ASAP	Email
Date:	Phone

Would you be interested in taking part of an email database that will update you on The Atlantic Diving Team Foundation and its upcoming events?*	
Yes	No



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**How did you hear about The Atlantic Diving Team Foundation and its volunteer program?**

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**Why are you interested in volunteering?**

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**If you are looking for one-time/short term volunteer opportunities, which events are you interested in?**

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**How do you hope to benefit from this experience?**

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**Do you have any special skills which you have or could bring to the events?**

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**List Any Previous or Current Volunteer Experience:**

Organization	Position/Major Responsibility	Dates of Service (yy/mm)	
		From:	To:

**Please provide 3 references:**

Name of Contact	Phone Number

**Have you ever been convicted of a crime?** (This does not include minor traffic offenses and/or convictions which have been sealed, expunged or statutorily eradicated.) \_\_\_ yes \_\_\_ no

If **yes**, please explain \_\_\_\_\_

**I understand that The Atlantic Diving Team Foundation will run a criminal background check to verify the responses given in the application process for the sole purpose of protecting staff, volunteers and others. By signing and dating below, you acknowledge your awareness of this background check and agree.**

Signature

Date



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## ***Liability Disclaimer:***

*I, and my heirs, in consideration of my participation in The Atlantic Diving Team Foundation, hereby release Atlantic Diving Team Foundation, its officers, employees and agents, and any other people officially connected with this organization and/or event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating with this organization/in this event. I am aware of the risks of participation. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Atlantic Diving Team Foundation does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as an independent contractor, and further, I understand that I am not entitled to workers compensation in the event of injury or death."*

## Certification of Application:

**"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and active volunteer status may be terminated."**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**The Atlantic Diving Team Foundation would like to thank you for your expressed interest in our charity and the fight to help young athletes to reach their dreams. Please submit this application using one of following method:**

- Email to [Office@adtfoundation.com](mailto:Office@adtfoundation.com)
- US Postal Service: Please print, fill out and mail to;

Atlantic Diving Team Foundation  
ATTN: Volunteer Coordinator  
P.O. Box 770236  
Coral Springs, FL 33077

Once your application has been received, it will be reviewed and you will be contacted by Founder/CEO Osvaldo Pito Alberty for a phone interview.