



# Involvement Form

Starfire Council, 5030 Oaklawn Drive Cincinnati, OH 45227

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

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email \_\_\_\_\_

County: \_\_\_\_\_

## Logistics

What are your means of transportation? \_\_\_\_\_

Are you able to assist with transportation for some activities?(21 yrs old, valid license) Yes No

Are you participating to fulfill a community service requirement? \_\_\_\_\_ If yes, please list name of person/institution requiring service and number of hours required: \_\_\_\_\_

Do you have any medical concerns we should be aware of? (i.e. allergies, seizures, dietary needs, medication, etc.)

\_\_\_\_\_

Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any other necessary contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

*If there is any additional information you would like to provide, please attach a separate sheet with more details.*

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**The following questions are optional and will be used for demographic reporting purposes.**

Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Household Annual Income: \_\_\_\_\_

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# Legal Information and Release

Due to the nature of our program and close interaction with others, the following questions are necessary.

Have you ever been convicted of a crime?  Yes  No  
If yes, please explain. \_\_\_\_\_

Have you ever received a traffic citation/violation, other than a parking ticket?  Yes  No  
If yes, please explain. \_\_\_\_\_

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Please list the name, address, and telephone number of three people, not related to you, who would be willing to serve as a reference for you.

1. \_\_\_\_\_  
Name Address Phone
2. \_\_\_\_\_  
Name Address Phone
3. \_\_\_\_\_  
Name Address Phone

This information is true and accurate to the best of my knowledge. I authorize the release of information including photos and release of liability of the STARFIRE COUNCIL OF GREATER CINCINNATI, INC. and other parties in order to check this information.

Upon acceptance as a participant of the programs provided by STARFIRE COUNCIL OF GREATER CINCINNATI, INC. I, the undersigned, hereby assume complete and sole responsibility for any injury to myself, or damage to property sustained or incurred by myself or others during any such program, including period of transportation provided by, or on behalf of the STARFIRE COUNCIL OF GREATER CINCINNATI, INC. I, the undersigned, accordingly release jointly and separately STARFIRE COUNCIL OF GREATER CINCINNATI, INC. and any agency with which they may be affiliated and the officers, employees, trustees, volunteers and members of each of them, of any and all liability for such injury or damage.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent or Guardian if applicant is a minor or not their own Guardian Date

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## OFFICE USE ONLY

References Checked: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_  
Record Check: \_\_\_\_\_ Follow Up: \_\_\_\_\_