

VOLUNTEER INSTRUCTOR SIGN-UP
PIKES PEAK PICKLEBALL ALLIANCE
a Nonprofit organization in Colorado **PLEASE PRINT CLEARLY**



★FULL NAME:

PREFERRED NICKNAME (OPTIONAL)

DATE OF BIRTH:

★PHONE #:

IS THIS MOBILE #? ☐ YES ☐ NO

IF YES, MAY WE TEXT YOU? ☐ YES ☐ NO

★EMAIL:

CURRENT MEMBER: ☐ Yes ☐ No ☐ N/A

★MAILING ADDRESS:



EMERGENCY CONTACT NAME:



RELATIONSHIP TO CONTACT:

EMERGENCY PHONE #:

WHAT AREAS OF INSTRUCTION ARE YOU INTERESTED IN TEACHING? (CHECK ALL THAT APPLY)

☐ Beginner Classes

☐ Tournaments

☐ Skills Development

☐ Community Events

☐ Family / Youth Instruction

☐ Other: _____

PLEASE LIST REVELANT EXPERIENCE AND/OR CERTIFICATIONS:

WHEN CAN YOU START VOLUNTEERING?

DAYS AVAILABLE:

TIMES AVAILABLE:

ANY LOCATIONS PREFERRED: Addresses listed on PPPALL.NET website

☐ MONUMENT VALLEY PARK. ☐ VENEZIA PARK. ☐ BEAR CREEK PARK. ☐ OTHER _____

ANY GENERAL COMMENTS OR HOW WE MAY BETTER WELCOME YOU?

I understand that PIKES PEAK PICKLEBALL ALLIANCE (ALLIANCE) maintains insurance coverage appropriate for volunteer activities and that accurate information and timely reporting are required for coverage under Colorado policies and risk-management standards. I agree to promptly report any incident, injury, near-miss, or unsafe event that occurs while I am volunteering. I understand that participating as a **volunteer pickleball instructor** involves physical activity and inherent risks, including the risk of injury. I agree to act responsibly, follow all safety guidelines provided by ALLIANCE and report any hazardous or unsafe conditions. I affirm that I am physically capable of performing the volunteer duties I am agreeing to undertake.

I understand that I am participating as a volunteer, not as an employee of ALLIANCE. I understand that this volunteer status means I am not eligible for wages, workers' compensation benefits, or employee insurance coverage, and that any insurance applicable to volunteer activities is provided solely for risk-management and liability purposes.

I consent to receive emergency medical care or first aid if I am injured or become ill during volunteer activities. • I understand that such care may be provided under Colorado Good Samaritan laws and standard emergency-response practices. • I understand that ALLIANCE may require a background check for volunteers based on Colorado regulations, insurance requirements, or organizational policies, and I consent to participate if requested. • I understand ALLIANCE requests that all volunteer instructors are members in good standing of PIKES PEAK PICKLEBALL ALLIANCE.

Received by: _____ on ____/____/____



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SIGNED:		Date:
If under 18 years, Parent/Guardian Signature:		Date: