

# Old Dominion Swim League Volunteer Application Form

Volunteer's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Organization Volunteering for: **EAGLES AT EXETER SWIM TEAM, ODSL**

Health Insurance Information:

Insurance Provider \_\_\_\_\_

Address \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

I hereby agree that I shall follow the directions of the ODSL with regard to my  
volunteer activities for the summer swim league.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_