



Western Chapter ISA Tree Climbing Championship Volunteer Registration Form

June 5-7, 2020 – U.C. Davis - Putah Creek Riparian Reserve, Davis, California

(Please Print Clearly)

Thank you for your willingness to share your time and talents to support the event. WESTERN CHAPTER ISA may provide your information to staff, event volunteers, and WESTERN CHAPTER ISA contracted individuals for review and consideration in assigning volunteer roles to meet the needs of the event.

Volunteer Name: _____

Address: _____

Phone: _____

City, State/Zip: _____

Email: _____

1. Are you an ISA Member? Yes No Member of WESTERN CHAPTER ISA? Yes No

2. Do you hold any industry certifications? Yes No

If yes, please specify all that apply:

Board Certified Master Arborist Certified Arborist Certified Tree Worker / Climber Specialist

Certified Tree Worker / Climber Specialist TCIA CTSP

Other: _____

3. **Dietary Considerations:** WESTERN CHAPTER ISA may provide dietary considerations to staff, event volunteers, and contracted individuals for catering menu consideration. Please select from the following dietary considerations:

NONE Vegetarian Vegan Gluten Free Dairy/Casein-Free

Food Allergy/Intolerance Other

If you selected "Food Allergy/Intolerance" or "Other", please list: _____

4. Dates available to volunteer (Check all available dates)

Thursday, June 4th Friday, June 5th Saturday, June 6th Sunday, June 7th Available all days

5. At which tree climbing competitions have you previously volunteered?

ITCC NATCC, ETCC, APTCC Chapter/Associate Organization Other Have not volunteered

6. Which events have do you have experience in at each of the competitions indicated above?

Work Climb Aerial Rescue Belayed Speed Climb Ascent Event Throwline

Masters' Challenge No experience

Which event roles did you have and at which competitions? _____

7. Do you have any experience working with the TCC scoring program? Yes No

8. Are you First Aid/CPR Certified? Yes No

9. Do you have experience as a gear check technician? Yes No

If yes, please list specific qualifications or experience:

10. Please list any other credentials you have that are applicable for this event:

Due to the nature of the event all special needs may not be accommodated. If you have special needs that may affect your participation in this event, please specify. WESTERN CHAPTER ISA may provide special needs considerations to staff, event volunteers, and WESTERN CHAPTER ISA -contracted individuals in an attempt to meet accommodations. A WESTERN CHAPTER ISA staff member will contact you, if necessary, for additional information.

PUBLICITY CONSENT:

I authorize WESTERN CHAPTER ISA, event volunteers, and other WESTERN CHAPTER ISA contracted individual's permission to take photographs or video of me that may be used and published in either print or electronic media. I understand that WESTERN CHAPTER ISA posts photography notices stating other individuals so not have permissions to use photos or video in any manner without consent of the WESTERN CHAPTER ISA or the individual photographed.

Agree Disagree

I authorize WESTERN CHAPTER ISA to provide event photos that may include my image to commercial entities, such as event sponsor, for use in promoting their participation and support of the event. Any other commercial use of the photos must have written consent of WESTERN CHAPTER ISA and the individual photographed.

Agree Disagree

I authorize that with or without said photographs, WESTERN CHAPTER ISA may publish my name for any lawful purposes such as publicity materials, media releases, social media, and advertising.

Agree Disagree

INSURANCE AND RELEASE INFORMATION:

Please read and sign the attached insurance information form and participant release.