**Volunteer Registration Form** 

**2022 Iowa Tree Climbing Competition (IATCC)**

*May 26 – 28 2022*

*Duck Creek Park*

3300 E. Locust St.,

Davenport, Iowa 52807

(Please Print Clearly)

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

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone:

City, State: Email:

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you an ISA Member? 🞏 Yes 🞏 No Member of an Iowa Arborist Association? 🞏 Yes 🞏 No

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Dietary Considerations:** Iowa Arborist Association 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: \_\_\_\_\_\_\_\_\_\_

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

🞏 Day, Date 🞏 Day, Date 🞏 Day, Date 🞏 Day, Date 🞏 Day, Date 🞏 Available all days

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

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

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

🞏 Work Climb 🞏 Aerial Rescue 🞏 Belayed Speed Climb 🞏 Ascent Event 🞏 Throw line

🞏 Masters’ Challenge 🞏 No experience

Which event roles did you have and at which competitions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Are you First Aid/CPR Certified? 🞏 Yes 🞏 No
2. Do you have experience as a gear check technician? 🞏 Yes 🞏 No

If yes, please list specific qualifications or experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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. Iowa Arborist Association may provide special needs considerations to staff, event volunteers, and Iowa Arborist Association -contracted individuals in an attempt to meet accommodations. A Iowa Arborist Association staff member will contact you, if necessary for additional information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PUBLICITY CONSENT:**

I authorize Iowa Arborist Association, event volunteers, and other Iowa Arborist Association 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 Iowa Arborist Association posts photography notices stating other individuals so not have permissions to use photos or video in any manner without consent of the Iowa Arborist Association or the individual photographed.

🞏 Agree 🞏 Disagree

I authorize Iowa Arborist Association 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 Iowa Arborist Association and the individual photographed.

🞏 Agree 🞏 Disagree

I authorize that with or without said photographs, Iowa Arborist Association 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.