



TEACHER APPLICATION

A signature is REQUIRED in 2 places. Teachers may not attend STARBASE unless both sections of the form are signed.

GENERAL INFORMATION:

Name: School: Address: City: State: ZIP: Home Phone: Work Phone: Email:

EMERGENCY INFORMATION:

Emergency Contact Name: Relationship to Applicant: Home Phone: Work Phone: Other Phone:

RELEASE OF LIABILITY:

This release of liability is made by the undersigned, as a chaperone/ volunteer adult participant in the STARBASE Program (hereinafter collectively referred to as "Applicant")...

WHEREAS, the said applicant desires the use of services, grounds, facilities and/or equipment of the West Virginia National Guard for participation in the STARBASE Program does hereby state that: In consideration of the mutual, advantages, benefits and purpose to be achieved thereby...

1 Signature (REQUIRED) Printed Name Date

PHOTOGRAPHIC RELEASE:

I hereby authorize the West Virginia Military Authority, State of West Virginia, the United States Department of Defense, the STARBASE Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "West Virginia National Guard") to utilize photographs of me for promotional purposes.

2 Signature (REQUIRED) Printed Name Date