



Special Olympics
Vermont

2008 School Based Bowling Volunteer Registration
Twin City Lanes, Berlin
Monday, December 8, 2008

Group and Individual Volunteer Opportunities

Please circle day you will volunteer.

First time volunteers must submit a Special Olympics Vermont Volunteer Application (page 2).

Please fill individual or list group members

Business/ school affiliation of group (if any) _____

| Name | Home Address | City | Zip | Home Phone | E-mail |
|---------------------|---------------------|-------------|------------|-------------------|---------------|
| Group Leader | | | | | |
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Please mail or FAX completed forms to:

Special Olympics Vermont
368 Avenue D, Suite 30, Williston, VT 05495
FAX: 802-863-3911
Leslie Kaigle, 1-800-639-1603, ext 101



Volunteer Application Form

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|------|------------------------------|-----------------------------|-------|------------------------------|-----------------------------|-------------|--------------|--|--------|--|--|---|---|--|--|--|---------------|--|--|--|--|--------------------|--|--|--|--|--|--|--|---------|--|---------|--|
| Please check if appropriate: Event Volunteer..... <input type="checkbox"/> Program Coordinator..... <input type="checkbox"/> Coach..... <input type="checkbox"/> Assistant Coach..... <input type="checkbox"/> Family Member..... <input type="checkbox"/> Mentor..... <input type="checkbox"/> Medical..... <input type="checkbox"/> Local Program Name _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">First Name</td> <td colspan="2">Last Name</td> </tr> <tr> <td colspan="2">Street</td> <td colspan="2">Apt.</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Phone (day)</td> <td colspan="2">Phone (eve.)</td> <td>E-Mail</td> </tr> <tr> <td colspan="2"></td> <td>/</td> <td>/</td> </tr> <tr> <td colspan="3"></td> <td>Date of Birth</td> </tr> <tr> <td colspan="4">You will be placed on the Special Olympics Vermont mailing list.</td> </tr> <tr> <td colspan="4">Employment/ School</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2">Phone #</td> </tr> </table> | First Name | | Last Name | | Street | | Apt. | | City | State | Zip | | Phone (day) | Phone (eve.) | | E-Mail | | | / | / | | | | Date of Birth | You will be placed on the Special Olympics Vermont mailing list. | | | | Employment/ School | | | | | | | | Address | | Phone # | |
| First Name | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | Apt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (day) | Phone (eve.) | | E-Mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | / | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employment/ School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>In the event of an emergency, contact:</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:50%;">Relationship</td> </tr> <tr> <td>Phone (day)</td> <td>Phone (eve.)</td> </tr> </table> | Name | Relationship | Phone (day) | Phone (eve.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (day) | Phone (eve.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you use illegal drugs? Have you ever been convicted of a criminal offense? Have you ever been charged in a court of law with neglect, abuse or assault? Has your driver's license ever been suspended or revoked in any state? Please add two (2) references. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/> yes</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> no</td> </tr> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/> yes</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> no</td> </tr> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/> yes</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> no</td> </tr> <tr> <td style="width:70%;"></td> <td style="width:15%; text-align: center;"><input type="checkbox"/> yes</td> <td style="width:15%; text-align: center;"><input type="checkbox"/> no</td> </tr> </table> | | <input type="checkbox"/> yes | <input type="checkbox"/> no | | <input type="checkbox"/> yes | <input type="checkbox"/> no | | <input type="checkbox"/> yes | <input type="checkbox"/> no | | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) Name _____ Address _____ Phone _____ 2) Name _____ Address _____ Phone _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please read before signing:

I understand that:

- ✓ The information that I have provided may be verified and I give permission to Special Olympics Vermont to make inquiry of others concerning my suitability to act as a Special Olympics Vermont Volunteer.
- ✓ In the course of volunteering for Special Olympics Vermont, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- ✓ I grant Special Olympics Vermont permission to use my likeness, voice and words on TV, radio, film or in any form to promote activities of Special Olympics.
- ✓ I hereby agree to release, discharge and hold harmless Special Olympics Vermont, it's officers, agents, it's directors and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics Vermont.
- ✓ I grant Special Olympics Vermont and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment.

I affirm that I have read the above and that the information I have given on this application is true and complete.

Signed _____ Date _____

Volunteer is at least eighteen (18) years of age and executes this on his/her own behalf. _____

Volunteer is less than eighteen (18) years of age. The undersigned is the _____ parent _____ legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer.

Print Name: _____ Signature _____ Date: _____

7/06

368 Avenue D, Suite 30, Williston, VT 05495