

Volunteer Application Form



Please check if appropriate: Event Volunteerí í í í í í Program Coordinatorí í í í í Coachí í í í í í í í í í ... Assistant Coach í í í í í í ... Family Memberí í í í í í í Mentorí í í í í í í í í í . Medicalí í í í í í í í í í				
	First Name		Last Name	
	Street		Apt.	
	City	State	Zip	Date of Birth / /
	Phone (day)	Phone (eve.)		E-Mail
	You will be placed on the Special Olympics Vermont mailing list.			
	Employment/ School			
	Address		Phone #	
	<u>In the event of an emergency, contact:</u>			
	Name		Relationship	
Phone (day)		Phone (eve.)		
Do you use illegal drugs? yes no Have you ever been convicted of a criminal offense? yes no Have you ever been charged in a court of law with neglect, abuse or assault? yes no Has your driver's license ever been suspended or revoked in any state? yes no Please add two (2) references. 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, its officers, agents, its 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: _____

7/08

368 Avenue D, Suite 30, Williston, VT 05495

Fax: 802-863-3911

This information will only be used by Special Olympics and not be shared or sold beyond the organization.

