

2009 Winter Games Volunteer Registration

Suicide Six, Woodstock, VT - March 18th, 21st-22nd, 2009

Group and Individual Volunteer Opportunities - *Volunteers are needed for March 19th - 22nd*

Please circle selections from the following:

NO VENUE Preference	Power Team (Loading and setting up equipment)	Medical We need 24 hr coverage	Snowshoe	Alpine/ Snow boarding	Cross Country	Info. table	Olympic Town	Awards	Food Service	Merchandise Sales
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Wednesday March 18 @ Suicide Six	Arrival 8:30am	9am-4pm	Please Contact us	8:30am- 4pm			6pm ó 8pm		9am- 4pm	11am- 2pm	9am ó 3pm
										4-7pm	
Saturday March 21 @ Suicide Six	Arrival 8:30am	8am-4pm	Please Contact us	8:30am- 4pm	8:30am- 4pm	8:30am- 4pm	7:30am - 4pm	10am- 3pm	11am- 4pm	7am-9am	9am ó 3pm
	Arrival 1:00pm	1pm-8pm								11am-2pm	
										4pm-9pm	
Sunday March 22 @ Suicide Six	Arrival 8:30am	@ Suicide Six 8:3-am-5pm	Please Contact us	8:30am- 1pm	8:30am- 1pm	8:30am- 1pm	8am- 1pm	10am- 12pm	9am- 1pm	6am-8am	10am ó 1pm
		@ Williston 7pm-8pm								11am-2pm	

Please fill individual or list group members. Each first time volunteer must submit a Special Olympics Vermont Volunteer Application (page 2)

Name	Home Address	City	Zip	Home Phone	E-mail
<i>Group Leader</i>					

Please mail completed forms to:

Molly Hutchins - Winter Games Volunteer Coordinator
3001 Barberrry Hill
Woodstock, VT 05091

For more information call Evenings only 802-457-9939

or Leslie Kaigle, 1-800-639-1603, ext 101 FAX: 802-863-3911



Volunteer Application Form

Please check if appropriate: Event Volunteer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Program Coordinator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coach <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Assistant Coach <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Family Member <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mentor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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="3"></td> <td style="text-align: center;">/ /</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">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">Local Program Name</td> </tr> <tr> <td colspan="4">Employment/ School</td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2">Phone #</td> </tr> <tr> <td colspan="4"> </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.				Local Program Name				Employment/ School				Address		Phone #					
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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: _____