



## 2010 Spring Sports Volunteer Application April 17 & 18

**Dear Volunteer:**

Enclosed is volunteer information for the 2010 Special Olympics Vermont Spring Sports that will be held at the University of Vermont. Athletes will compete in Traditional Basketball, Unified Basketball, Individual Skills and Developmental Skills Competition.

To volunteer, complete and return the attached application as soon as possible. Positions will be assigned on a **first-come, first-served basis**. On the application, be sure to give your current e-mail address. You will receive confirmation of your assignment along with directions **by EMAIL**.

By submitting your volunteer application you are making a commitment to volunteer at the event(s) you have selected and will be counted on.

NAME: \_\_\_\_\_

Venue ó Check box next to time/day available	X	Friday	X	Saturday	X	Sunday
Power Team ó Williston						4 pm approx.
Power Team ó UVM		8 ó 4		8 ó 4		8 - 4
Registration				8 ó 4		8 ó 4
Opening Ceremonies				8 ó 10am		8 ó 10am
Official ó must be qualified				9:30 ó 3:30		9:30 ó 3:30
Team Competition ó scorekeeper, timer, etc.				9:30 ó 3:30		9:30 ó 3:30
Individual Skills Competition				9:30 ó 3:30		9:30 ó 3:30
Awards				12:30 ó 4:00		12:30 ó 4:00
Souvenir Sales ó need to complete a background check				8:00 ó 4:00		8:00 ó 4:00
Medical ó must have proper certifications ó				8:00 ó 4:00		8:00 ó 4:00
No preference ó indicate day/times available						



**Special Olympics**

Vermont

Be a fan™

**Volunteer Application Form  
2010 Spring Sports**

Required information Please complete all sections-Your information will be retained for our mailing list.

Last Name:		First Name:		DOB / /	
Mailing Address:				Gender: M F	
City:		State		Zip:	
Phone:		Cell:		Email:	
Are you volunteering with a school, employer or community organization? If so, which one?					
Emergency Contact:			Relationship:		
Phone:			Cell phone:		

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 list <b>two</b> references: (references may be checked)		
Name:	Address:	Phone:
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 works on radio, film or in any form to promote 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 of 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 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or legal guardian if child is under 18 years of age:

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have medical training? Yes or No If so, what training \_\_\_\_\_