

**2008 Fall Sports Volunteer Registration  
Twin City Lanes, Berlin  
Sunday, October 5, 2008**



**Group and Individual Volunteer Opportunities**

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

Please circle times you are available to volunteer	<b>Soccer and Bowling Venue Volunteer</b>	<b>Power Team</b> Loading and unloading equipment
<b>Friday October 3</b>		<b>Williston Time TBD</b>
<b>Saturday October 4</b>	<b>No Volunteer Opportunities Available</b>	<b>No Volunteer Opportunities Available</b>
<b>Sunday October 5</b>	<b>Twin City Lanes, Berlin- Bowling 8:00am- 4:00 pm Full day opportunities only</b>	<b>Williston 5:00 pm- 5:30 pm</b>

**Please fill individual or list group members**

**Business/ school affiliation of group (if any)** \_\_\_\_\_

Name	Home Address	City	Zip	Home Phone	E-mail

*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 <b>if</b> appropriate: Event Volunteer..... <input type="checkbox"/>	First Name		Last Name	
	Street		Apt.	
Program Coordinator..... <input type="checkbox"/>	City		State	Zip
Coach..... <input type="checkbox"/>	Phone (day)		Phone (eve.)	
Assistant Coach..... <input type="checkbox"/>	E-Mail		/ /	
Family Member..... <input type="checkbox"/>	Date of Birth			
Mentor..... <input type="checkbox"/>	You will be placed on the Special Olympics Vermont mailing list.			
Medical..... <input type="checkbox"/>	Employment/ School			
Local Program Name	Address		Phone #	

<u>In the event of an emergency, contact:</u>	Name		Relationship	
	Phone (day)		Phone (eve.)	
Do you use illegal drugs?	<input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever been charged in a court of law with neglect, abuse or assault?	<input type="checkbox"/> yes <input type="checkbox"/> no			
Has your driver's license ever been suspended or revoked in any state?	<input type="checkbox"/> yes <input type="checkbox"/> 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, 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

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