



# Volunteer Registration Form – Event Volunteers

(Class B Volunteers)

## General Information

Please type or print clearly.

First Name: _____	Address: _____
Last Name: _____	City: _____
Company/School/Org.: _____	State: _____ Zip: _____
Company/School/Org. Leader?      Yes      No	Phone: (_____) _____
Age: _____	Email: _____

Please contact me about additional volunteer opportunities with Special Olympics Virginia.

## Event Volunteer Position

Special Olympics Virginia Event: _____
Volunteer Position: _____ Location: _____

## Special Olympics Virginia Release

I/we understand that the applicant will be using facilities at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless SOVA from all liability for injury or accident to person or damage to the applicant's property.

I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOVA or at my/our option and that SOVA may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

I/we grant SOVA and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on SOVA and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In the course of volunteering for SOVA I may be dealing with confidential information regarding athletes and volunteers' contact information, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

In signing this application, I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all Special Olympics rules and regulations of the organization.

## I/We have read and understand this disclosure.

Applicant's Signature: _____	Date: _____
Parent/Guardian Signature for Minor: _____	Date: _____

## Photo ID/Identity Verification

To be completed at check-in or by your Group Leader.

I have viewed a photo ID of this applicant (if available for minors) and verified that the picture and the name on the photo ID match the person named on this application. If no photo ID is available, an approved volunteer has verified the identity of this applicant. This applicant will serve in a Class B capacity.	
Name: <i>(Please print)</i> _____	Phone: (_____) _____
E-mail: _____	