



Event Volunteer Registration Form

NAME:	First:	Last:
STREET ADDRESS:		
CITY/STATE/ZIP CODE:		
PHONE: ()	E-MAIL:	
COMPANY/SCHOOL/ORGANIZATION:		
COMPANY/SCHOOL/ORG. GROUP LEADER: YES NO		AGE: 8 - 13 14 - 17 18+

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

EVENT VOLUNTEER POSITION

SPECIAL OLYMPICS VIRGINIA EVENT:
VOLUNTEER POSITION:
LOCATION OF VOLUNTEER JOB:

*If you are a fan of **Respect, Inclusion and Unity**,
you are already a fan of Special Olympics Virginia. **Be a fan.***

– PLEASE TURN OVER – FORM CONTINUES ON REVERSE SIDE –



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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, date of birth, social security number, 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's Signature for Minor: _____	Date: _____

PHOTO ID/Volunteer Identity Verification

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

I have viewed a photo ID of this applicant 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> _____	Area: <i>(if applicable)</i> _____
E-mail: _____	Phone: (_____) _____

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