

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

Please circle the appropriate day(s) and time(s) that correspond to the events and/or activities at which you would like to volunteer. Fax both sides of your completed registration form to (814)308-8592 or visit [www.sopasummergames.org](http://www.sopasummergames.org) and register on-line.

<u>Sports &amp; Games</u>	Thursday (6/9)		Friday (6/10)		Saturday (6/11)	
	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
<b>Aquatics</b>		1:30p-5:00p	7:45a-1:00p	12:45p-6:00p	7:45a-12:00p	11:45a-3:30p
<b>Athletics (Track &amp; Field)</b>		1:00p-5:00p	8:00a-12:00p	11:45a-5:00p	8:00a-12:00p	11:45a-3:30p
<b>Basketball</b>	9:00a-12:00p Setup	1:30p-5:00p	8:00a-12:00p	11:45a-5:00p	8:00a-12:00p	11:45a-3:00p
<b>Basketball-Skills</b>		1:00p-3:00p	8:00a-10:30a			
<b>Bowling</b>		1:00p-5:00p	8:15a-12:00p	11:45a-4:00p	8:00a-12:00p	11:45a-4:00p
<b>Equestrian</b>		12:30p-5:00p	8:00a-12:00p	11:45a-5:00p	8:00a-12:00p	11:45a-3:00p
<b>Golf</b>		1:00p-5:00p	8:30a-12:00p	11:45a-3:00p		
<b>Gymnastics</b>			9:00a-12:00p		8:00a-1:00p	
<b>Healthy Athlete</b>		1:00p-5:00p	9:00a-12:00p	11:45a-5:00p	9:00a-12:00p	11:45a-3:30p
<b>Olympic Village</b>	9:00a-12:00p Setup	1:00p-5:00p	10:00a-1:00p	12:45a-5:00p	10:00a-12:00p	11:45a-3:30p
<b>Softball</b>		12:30p-5:00p	9:00a-12:00p	11:45a-5:00p	9:00a-12:00p	11:45a-4:00p
<b>Softball-Skills</b>		1:00p-5:00p	10:45a-12:00p		10:00a-12:30p	
<b>Tennis</b>		1:00p-4:00p	9:00a-12:00p	1:30p-5:00p	9:00a-12:00p	
<b>S.O.S.</b>		11:45p-5:00p	7:45a-12:00p	11:45a-5:00p	7:45a-12:00p	11:45a-5:00p
<b>Ask Me (Information)</b>		11:45p-5:00p	8:00a-12:00p	11:45a-5:00p	8:00a-12:00p	11:45a-4:00p
<b>Athlete Escort</b>		12:00p-5:00p	8:00a-12:00p	11:45a-5:00p	8:00a-12:00p	11:45a-4:00p

<u>Administration</u>	Monday (6/6)			Tuesday (6/7)			Wednesday (6/8)			Thursday (6/9)	Friday (6/10)	Saturday(6/11)	Sunday(6/12)
	Morning	Afternoon	Evening	Morning	Afternoon	Evening	Morning	Afternoon	Evening				
<b>Administrative Svcs.</b>	9:00a-1:00p	1:00p-5:00p	5:00p-9:00p	9:00a-1:00p	1:00p-5:00p	5:00p-9:00p	9:00a-1:00p	1:00p-5:00p	5:00p-9:00p	9:00a-12:00p	9:00a-12:00p		
<b>Bed-Making</b>					4:00p-6:30p	6:00p-9:00p		4:00p-6:30p	6:00p-9:00p				
<b>Setup Services</b>										1:00p-5:00p Opening Cer.	2:00p-6:00p Sports Fest	1:00p-4:00p Closing Cer.	
<b>Athlete Arrival/Depart</b>										9:00a-1:00p Arrivals		5:00p-8:00p Departures	
<b>Ceremonies</b>										7:00p-10:00p Opening Cer.	6:30p-9:30p Sports Fest	4:00p-6:00p Closing Cer.	
<b>Ice Cream Social</b>												TBD	
<b>SOS</b>										11:00a-9:00p	7:30a-10:00p	7:30a-10:00p	
<b>Teardown Services</b>										9:00p-11:00p Opening Cer.	9:15p-11:00p Sports Fest	6:00p-8:00p Closing Cer.	8:00a-12:00p



## Summer Games 2011 Volunteer Registration Form

Volunteers for Monday (6/6) through Wednesday (6/8) and Sunday (6/12) please report to the Drill Deck behind Wagner Building. Volunteers for Thursday (6/9) through Saturday (6/11) please report to the main volunteer tent located across from the Jordan Center at the intersection of University Drive and Curtin Road, on the day(s) requested, to check in and confirm your assignment. You will be given instructions, a t-shirt, and other important information at that time. Please bring a valid photo ID with you at check-in.

To register on-line or for more information please visit:

**[www.sopasummergames.org](http://www.sopasummergames.org)**

or Fax applications to:

Special Olympics Summer Games  
Fax: (814)308-8592

Email questions too:  
[volunteer@sopasummergames.org](mailto:volunteer@sopasummergames.org)



## Volunteer Registration Application

**ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING — please print in ink (items in italics are optional)**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone — indicate  your preferred contact number (day): (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)  (evening): (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Group Affiliation: \_\_\_\_\_  
*Name (i.e., Anytown Boy Scout Troop #17, etc.)* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate the year you began volunteering with Special Olympics Pennsylvania \_\_\_\_\_

### PERSONAL INFORMATION

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

### INSURANCE INFORMATION

In the event that a medical emergency occurs during the course of my volunteer efforts with Special Olympics Pennsylvania, please be aware of the following personal medical information about myself; furthermore, if, during my participation in Special Olympics activities, I should need emergency medical treatment and cannot give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures necessary to protect my health & well-being, including, if necessary, hospitalization.

Physician's Name & Phone Number \_\_\_\_\_ Special Instructions \_\_\_\_\_

Medical Condition \_\_\_\_\_ Medications, if any \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Other necessary information \_\_\_\_\_

### VOLUNTEER SIGNATURE

I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.

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

ID VERIFICATION: # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Student ID # \_\_\_\_\_ Other-Indicate: \_\_\_\_\_

If a minor, a parent or guardian signature is necessary.  
I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charges' participation.  
Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROGRAM/OFFICE USE ONLY** The above volunteer has completed the "Volunteer Application" and has been appropriately screened and trained.

Screener/Interviewer: Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Was the PA State Police Criminal Record Check conducted and returned without activity, allowing continued class A status?  Yes  No

Date returned and on file: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID # \_\_\_\_\_

If activity existed, was a Letter of Exemption filed with the state?  Yes  No