

NOTICE TO GROUP VOLUNTEERS:

Please fill out the form(s) below for registering as a group. A group is considered to be five (5) or more people that would like to stay together as a group while volunteering.

Larger families with the same last names and who register for the same events/times will be kept together automatically. Please use the individual "On-line Volunteer Registration" form to register family members.

If you have several different groups from one organization or company, please fill out a group form for each individual group.

Each volunteer in the group will need to fill out the "Volunteer Registration Application" form which is attached as the 3rd page. Please bring these forms with you when you arrive to volunteer.

Group leader(s), please return the completed "Group Registration Form" via FAX at (814)231-2802 or E-mail at volunteer@sopasummergames.org. We will contact you within a few days to go over your form and coordinate your volunteers.

Thank you for your interest in volunteering for the Special Olympics. The summer games are a success every year because of people like you.



Special Olympics
Pennsylvania

2009 SUMMER GAMES: June 4th - 6th

Company/Group Name: _____	
Team Leader: _____	Phone: _____
E-mail: _____	Fax: _____

Requested Event/Venue: _____

Requested Date: _____ Requested Time: _____

Note: Please fill out a separate group form for each group, day, and/or time for which you plan to volunteer. A separate individual Volunteer Registration Form will be necessary for each respective volunteer.

Team Members:

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Volunteer Registration Application

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

Name: _____ Date of Birth: ____/____/____
Last First Middle

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

