

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