



Volunteer Registration Form - Class B (One day event volunteers)

General Information: Please provide the requested information below.

First Name: _____ Last Name: _____ Company/School/Org.: _____ Company/School/Org. Leader? <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Email: _____	Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
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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:

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: _____	Event: _____
Daytime Phone: _____	E-mail: _____