



232 East 2nd Street, Suite 201
 Casper, WY 82601
 (307) 235-3062 office
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VOLUNTEER INFORMATION and REGISTRATION FORM

DEMOGRAPHICS

VOLUNTEER INFORMATION

Local Program: _____

Driver's License Number: _____ Social Security Number: ____ - ____ - ____ Gender: Male Female

Name: _____ Date of Birth: ____ / ____ / ____ Home Phone: (____) _____

Address: _____

LAST FIRST MI STREET CITY STATE ZIP CODE

E-mail address _____ Work Phone: (____) _____

Health/Accident Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Phone: (____) _____

PARENT/GUARDIAN INFORMATION (if applicable)

Name: _____

Address (if different): _____

STREET CITY STATE ZIP CODE

Work Phone: (____) _____ Home Phone: (____) _____ e-mail: _____

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

- In consideration of my involvement with Special Olympics, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to volunteer. I fully understand the event involves risks of serious bodily injury, which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.
- If during my (and/or my minor child's) participation in Special Olympics activities I (and/or my minor child) should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or my minor child's) health and well-being, including, if necessary, hospitalization.
- I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other participants, and sponsors, advertisers, and if applicable, and owners and lessors of premises on which the activity takes place from all liability, and losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in SOWY events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.
- I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

 Signature of Volunteer (or Parent/Guardian) Date Signature of Local Coordinator Date

INFORMATION/APPLICATION

Please Answer All Four Questions:

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you use illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended or revoked in any state? | <input type="checkbox"/> | <input type="checkbox"/> |

Please list two (2) non-family references (that have known you for at least two years):

| Name | Address (street, city, state, zip) | Phone |
|-----------|------------------------------------|-------|
| 1.) _____ | _____ | _____ |
| 2.) _____ | _____ | _____ |

PLEASE READ CAREFULLY BEFORE SIGNING—I understand that:

- the information I have provided may be verified, and I give permission to Special Olympics to conduct checks of criminal and/or driver's license records, and to make inquiry of others concerning my suitability to act as a Special Olympics Volunteer;
- in the course of participating for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I, the volunteer, agree to be held accountable for the standards outlined in the Volunteer Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards.

I affirm that I have read the above and that the information I have given is true and complete.

 Signature of Volunteer (or Parent/Guardian) Date Signature of Local Coordinator Date

Special Olympics Wyoming is an equal opportunity volunteer organization and will not discriminate on the basis of race, color, religion, gender or national origin. Strict confidentiality is maintained with all information given.

FOR OFFICE USE ONLY

- Approved
- No Restrictions
 - Restriction 1 – No driving on behalf of SOWY.
 - Restriction 2 – No financial duties for SOWY.
 - Restriction 3 – No contact with SOWY athletes.

Disapproved
 Date: _____ Initials: _____