



Special Olympics Maine Walk-on VOLUNTEER



*(Class B: Single day, Single event, /fundraiser, Healthy Athletes,
Drivers on behalf of Special Olympics not transporting athletes)*

REGISTRATION FORM

Name of Volunteer (printed): _____

Agency /Organization (if applicable): _____

Home Address _____

City _____ State _____ Zip _____

Cell/Day Phone _____ Email _____

Special Olympics Maine Release Statement

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 SOME 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 SOME or at my/our option and that SOME may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

I/we grant SOME and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on SOME 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 SOME I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, 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 & UNDERSTAND THIS DISCLOSURE:

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature for Minor: _____ Date: _____

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION *(To be filled out at check-in OR by your Group Leader)*

I have viewed a photo ID of this applicant 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: *(Please print)* _____

Cell/Day Phone: (_____) _____ Email: _____