

## **VOLUNTEERS MUST BE A MINIMUM OF 14 YEARS OF AGE TO REGISTER**

\* MANDATORY FIELDS: (PLEASE PRINT LEGIBLY) All mandatory fields MUST be completed or your registration form will not be processed.

* First Name :	* Last Name:	
* Home or Work Address 1 :	* City / State:	* <b>Zi</b> p:
Home or Work Address 2 :		
* Home Phone:	Cell Phone:	Other:
* Email Address:		
(Please provide an email addres	ss to expedite your confirmation letter and to receive priority registration for t	upcoming events)
GROUPS ONLY: If you are part of an existi	ing group then enter the Group/School/Company's N	lame:
others concerning my suitability to act as a criminal background check may be accome Southern California, I may be dealing wit consideration for being permitted to voluntee injury, damage or loss of personal propert arrangement, and that it may be terminated social Media Consent	may be verified, and I give permission to Special Olyma Special Olympics Southern California volunteer. I a applished if that action is deemed necessary. In the oth confidential information and I agree to keep saider my services to Special Olympics Southern California ty. The relationship between Special Olympics South at any time without cause by either the volunteer or Special permission to use my likeness, voice, photos and whern California.	also understand that a personal reference or course of volunteering for Special Olympics information in the strictest confidence. In I hereby agree to accept any and all risks of the confidence and volunteers is an "at will" recial Olympics Southern California.
I have read	the General & Social Media Consent and am in agreement wit	th its content.
Signature of Volunteer	Date If under 18, signa	ture of legal guardian Date
Parental Consent - Must be completed if volunteer I hereby consent for my minor child to be a volunteer's participation, I HEREBY AGREE and representatives of and from any and all result of any act or failure to act, intentional olympics Southern California or (2) any other or representatives into whose care the youth diagnosis or treatment and hospital supervise.	r is 14-17 years of age.  volunteer with Special Olympics Southern California. In to release and hold harmless Special Olympics Souther liability of any kind or nature incurred by the above-nar or unintentional, by (1) any person who is not an agent er youth volunteer. I also authorize Special Olympics So n volunteer has been entrusted to consent to any x-ray sion and upon the advice of a physician and surgeon lic ion, anesthetic, dental or surgical diagnosis or treatmer	regard to the above named youth ern California, and its agents, employees med youth volunteer or by myself as the , employee or representative of Special outhern California and it agents, employees examination, anesthetic, medical or surgical tensed under the provisions of the Medical
If under 18, signature of legal guardian	Date Emergency contact & phone	e (Please print)



## VOLUNTEER CODE OF CONDUCT

Special Olympics is committed to the highest ideals of sport and expects all supporters and participants in Special Olympics programs and activities to honor sport and Special Olympics and are required to abide by the following Code of Conduct:

- I will respect the rights, dignity and worth of athletes, coaches, volunteers, family members, employees and supporters of Special Olympics.
- I will provide for the general welfare, health and safety of all the Special Olympics athletes and others during the course of any assigned duties.
- I will maintain high standards of moral and ethical conduct that includes self-control and responsible behavior.
- I will display courtesy and good manners to others.
- I will refrain from profane and abusive language, disruptive behavior and behavior that is dangerous to self and others including acts of violence, physical, emotional or sexual abuse, or harassment.
- I will abide by the Special Olympics policy on the prohibition of dating athletes.
- I will abstain from transport, storage and/or consumption of alcoholic beverages and illegal substances when responsible for the safety and well-being of athletes.
- I will only smoke in designated areas and not while at a Special Olympics training or competition.
- I will abide by the Official Special Olympics Sports Rules.
- I will abide by the Special Olympics Official General Rules.

I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by Special Olympics up to and including termination from Special Olympics activities.

Name of Volunteer (please print)	
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Signature of Volunteer	Date

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