



JUNIOR BLIND OLYMPICS

SATURDAY, MAY 7, 2016

Junior Blind Campus

5300 Angeles Vista Blvd., Los Angeles, CA

VOLUNTEER REGISTRATION FORM



DEADLINE TO SUBMIT REGISTRATION FORM IS APRIL 15, 2016

Volunteers will be assigned on a first come, first serve basis.

We cannot guarantee your assignment preference, but we will do our best to honor your request.

Last Name _____ First Name _____

Address _____
Street Address City State Zip

Phone _____ E-Mail _____
Confirmations will be sent via e-mail – please write legibly

Employer _____ Job Title: _____

Date of Birth _____ Name of Group/School/Club: _____
Minimum age to volunteer is 16.

T-Shirt (Adult) Size: Small Medium Large XL

VOLUNTEER POSITIONS (Please Select the Area(s) Where You Would Like to Assist)

Competition Volunteer: Each competition will have an event lead who will provide you with instructions the morning of.
 Hours 8:00 AM-3:30 PM

- Select all preferred competitions below. We will do our best to accommodate one of your selections.
- Rock Climbing Goalball 50-Yard Dash Horse Shoe Toss Soccer Challenge
- Obstacle Course Rowing Challenge Track Archery General Archery Instructor
- Tandem Cycling (Volunteers need to be experienced cyclists and comfortable on a bike)
- Kayak Racing (Volunteers will be in the water so appropriate swimwear is required)

Coach (Athlete Escort): Athlete escort - encourage participation, stay on schedule, demonstrate leadership, assist in medal ceremony, ensure everyone on the team gets breakfast and lunch, and HAVE FUN!
Must be outgoing, self-motivated, responsible, sociable, be able to follow directions and have a lot of energy and patience.

For some athletes, this will be their first time here, so please encourage and cheer them on.

- Preferred age group(s) to work with: 6-9 10-13 14-17 18-22
- Preferred vision type to work with: Partially Blind Totally Blind Both
- Do you have experience working with multi-disabled students? Yes No
- Volunteer Hours: 7:30 AM-3:30 PM
*We understand there is a long waiting period, but **Coaches need to be there early to collect all of the athletes on their teams, and unfortunately not everyone checks in on time—both athletes and volunteers.** Waiting period should be used to get to know your athletes to ensure they feel special and have a great time - play games and talk as your role is to be their buddy for the day.*

General Volunteer: Registration, Food Support, Family Activities, etc. Please select preferred areas:

- Registration (6:00-10:00 AM) Food Support (6:30 AM-2:00 PM)
- Family Fun Zone (8:30 AM-3:30 PM) – Fun Zone spots are very limited, so please be sure to select another area as a back-up. We are looking for outgoing volunteers who can face paint, make balloon animals, do arts & crafts, and run picnic games. Please list area(s) you have experience (if any): _____

Pre-Event Volunteer: Assist with Goody Bag Assembly, After Event Pool Party Decorating, etc.
 Please check dates available and write in times available. Hours are anytime between 10:00AM-5:00PM

Days: 05-04-16 05-05-16
 Times: _____

VOLUNTEER CONFIRMATIONS WILL BE E-MAILED BY APRIL 22nd
(Volunteer positions are limited, so please submit early)

Authorization for Publicity Consent and General Release

In consideration for being permitted to volunteer my services, I hereby agree to accept any and all risks of injury (including death), damage or loss of personal property. This is a legally binding liability release, waiver, discharge and covenants not to sue Junior Blind, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc., and any employees or agents representing or related to the Junior Blind Olympics. The undersigned further agrees to abide by the rules and regulations by Junior Blind and/or its affiliate groups and vendors. I represent that I am physically fit and properly conditioned to participate in volunteer activities associated with this event.

I understand that the information I provide may be verified, and I give permission to Junior Blind and Optimist Blind Youth Association to make inquiry of others concerning my suitability to act as a volunteer at the Junior Blind Olympics. I also understand that a personal reference or criminal background check may be accomplished if that action is deemed necessary. The relationship between Junior Blind, Optimist Blind Youth Association and volunteers may be terminated at any time with or without cause by either the volunteer or Junior Blind and Optimist Blind Youth Association.

Permission is hereby given to Junior Blind to use audio, video recordings, photographic and electronically created images for public view, including publications, websites, or social media sites. Permission is also given to Junior Blind to profile stories used in grant applications, reports, publications, websites or social media sites. Usage of any images or audio is without compensation to said person or to the undersigned on his/her behalf or individuality.

In the course of volunteering, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. I understand that taking photos of any student (athlete) or family member and/or posting on social media sites is strictly forbidden. Furthermore, I agree that any contact via social media with students and their families that may occur after this event, and with the permission of the student and/or parent if a minor, shall be with full knowledge of the Volunteer Manager and meet the objectives of the designated plan for students and their families and be approved and be determined by Junior Blind to be in their best interest.

I have read the Authorization for Publicity Consent & General Release and am in agreement with its content.

Date: _____

Signature: _____

For those 18+, by typing your name here, you acknowledge and agree that this will act as your legally binding signature. **Parent Signature required for those under age 18.**

Parental Consent (Must Be Completed if Volunteer is Under 18 Years of Age)

I hereby consent for my minor child to be a volunteer with Junior Blind and Optimist Blind Youth Association. With regard to the above named youth volunteer's participation, I hereby agree to release and hold harmless Junior Blind and Optimist Blind Youth Association, and its agents, employees and representatives of and from any and all liability of any kind or nature incurred by the above-named youth volunteer or by myself as the result of any act or failure to act, intentional or unintentional, by any person who is not an agent, employee or representative of Junior Blind and Optimist Blind Youth Association or any other volunteer.

I also authorize Junior Blind and Optimist Blind Youth Association, and its agents, employees or representatives into whose care the youth volunteer has been entrusted to consent to any x-ray examination, anesthetic, medial or surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the youth volunteer by a dentist licensed under the provisions of the Dental Practice Act.

Date: _____

Signature: _____

Parent Signature required for those under age 18.



Please complete this form and e-mail it to dmcbeth@juniorblind.org or fax to (310) 321-3498

For more information, please call Debbie McBeth at (323) 290-6291

For group coordinators sending large documents via email, please call to confirm applications were received.