

Class B Volunteer Registration

Event and Location			Date
<i>f</i> Mr. <i>f</i> Ms.	Last Name	First Name	Middle
Email			ID Check
Address		City/State/Zip	
Phone ()		Other Phone ()	
Business or Organization Affiliation			
Emergency Contact		Phone ()	

Please read before signing. As a volunteer member of Special Olympics Texas, I agree to:

- Follow the policies, rules and procedures of Special Olympics Texas.
- Place the safety and well-being of the Special Olympics athlete as foremost.
- Interact with the Special Olympics athletes in the appropriate and dignified manner that any athlete or individual deserves.
- Represent Special Olympics Texas in a professional manner that represents a positive image to the community.
- Accept challenge using a constructive approach.
- Grant Special Olympics permission to use my likeness, voice and words in television, radio and film or in any form to promote the activities of Special Olympics.

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

Volunteer Signature	Date
Parent or Guardian Signature (for minors)	Date

NOTE: Parent or legal guardian must sign for minors. Being fully informed of requirements, I hereby consent to the minor's participation in SOTX activities.

Dates to Volunteer are:

Friday, May 5th – (Accompany students to amusement arcade, dinner and the opening ceremonies and parade at Burges High School 3:30-8:00pm)

Saturday, May 6th – (Special Olympics, Burges High School 7:30 AM – 4:00PM)

Volunteer Day(s)

Friday, Time*(s): _____

Saturday, Time*(s): _____

*(Please put time in a minimum of **2 hour blocks** in order to be able to be sure we have coverage for all students and events throughout the 2 days.)