



**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:
* Zip:	
Home or Work Address 2 :	
* Home Phone:	Cell Phone:
Other:	
* Email Address:	
<i>(Please provide an email address to expedite your confirmation letter and to receive priority registration for upcoming events)</i>	
* Are you 18 years of age or older? <i>(Anyone under 14 may not register as a volunteer but can attend as a spectator)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you ever been charged with physical or sexual abuse of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you ever been convicted by any court of a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**GROUPS ONLY:** If you are part of an existing group then enter the Group/School/Company's Name:

**General Consent**

I understand that the information I provide may be verified, and I give permission to Special Olympics Southern California to make inquiry of others concerning my suitability to act as a Special Olympics Southern California volunteer. I also understand that a personal reference or criminal background check may be accomplished if that action is deemed necessary. In the course of volunteering for Special Olympics Southern California, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. In consideration for being permitted to volunteer my services to Special Olympics Southern California, I hereby agree to accept any and all risks of injury, damage or loss of personal property. The relationship between Special Olympics Southern California 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 Southern California.

**Social Media Consent**

I grant Special Olympics Southern California permission to use my likeness, voice, photos and words in television, radio, file or in any form to promote activities of Special Olympics Southern California.

*I have read the General & Social Media Consent and am in agreement with its content.*

Signature of Volunteer	Date	If under 18, signature of legal guardian	Date
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**Parental Consent - Must be completed if volunteer is 14-17 years of age.**

I hereby consent for my minor child to be a volunteer with Special Olympics Southern California. In regard to the above named youth volunteer's participation, I HEREBY AGREE to release and hold harmless Special Olympics Southern California, 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 (1) any person who is not an agent, employee or representative of Special Olympics Southern California or (2) any other youth volunteer. I also authorize Special Olympics Southern California and its agents, employees or representatives into whose care the youth volunteer has been entrusted to consent to any x-ray examination, anesthetic, medical 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.

If under 18, signature of legal guardian	Date	Emergency contact & phone (Please print)
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