



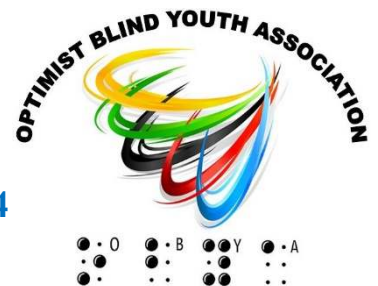
# OPTIMIST BLIND OLYMPICS

## SATURDAY, APRIL 25, 2020

### OPTIMIST PACIFIC LODGE CAMPUS

4900 SERRANIA AVENUE, WOODLAND HILLS 91364

## VOLUNTEER REGISTRATION FORM



### VOLUNTEER INFORMATION

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-3:00 PM  
▪ Select all preferred competitions below. We will do our best to accommodate one of your selections.  
 Rock Climbing  Challenge Track  Rowing  Long Jump  50-Yard Dash  
 Obstacle Course  Archery  Judo  Goalball  Shot Put  
 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!*  
Hours 8:00 AM-3:00 PM  
▪ Looking for outgoing, self-motivated, responsible, sociable individuals. 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  
▪ Volunteer Hours: 8:00 AM-3:00 PM

**General Volunteer:** *Registration, Food Support, Family Activities, etc. Please select preferred areas:*  
 Registration (7:00-10:00 AM)  Food Support (8:00 AM-2:00 PM)  
 Family Fun Zone (9:00 AM-3:00 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): \_\_\_\_\_

### NEW NAME – STILL THE SAME!

**VOLUNTEERS WILL BE ASSIGNED ON A FIRST COME, FIRST SERVE BASIS – SPOTS FILL UP FAST!**  
*We cannot guarantee your assignment preference, but we will do our best to honor your request.*

**VOLUNTEER CONFIRMATIONS WILL BE E-MAILED BY APRIL 10<sup>th</sup>**  
**(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 Optimist International, Optimist Pacific Lodge Youth Services, Optimist Blind Youth Association, and any of their employees or agents representing or related to the Optimist Blind Olympics. The undersigned further agrees to abide by the rules and regulations by Optimist Blind Youth Association 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 Optimist Blind Youth Association to make inquiry of others concerning my suitability to act as a volunteer at the Optimist 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 Optimist Blind Youth Association and volunteers may be terminated at any time with or without cause by either the volunteer or Optimist Blind Youth Association.

Permission is hereby given to Optimist Blind Youth Association 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 Optimist Blind Youth Association 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 Optimist Blind Youth Association be approved and be determined by Optimist Blind Youth Association 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 Optimist Blind Youth Association. With regard to the above named youth volunteer's participation, I hereby agree to release and hold harmless 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 Optimist Blind Youth Association or any other volunteer.

I also authorize 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 [debbie.mcbeth@yahoo.com](mailto:debbie.mcbeth@yahoo.com)**  
**or fax to (818) 337-2237**

**For more information, please call Debbie McBeth at (818) 268-9030**

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