

COMPLETE AND RETURN NO LATER THAN September 8, 2008!

CITY OF SACRAMENTO, OFFICE OF HUMAN SERVICES
A.C.T. GAMES VOLUNTEER, 6005 FOLSOM BLVD, SACRAMENTO, CA 95819
TELE: (916) 808-2340 FAX: (916) 808-6074

A.C.T. Games Individual Volunteer Registration

Saturday, October 18th, 2008

“Resolve to be involved” – Rudy Minnick

Please Type or Print Legibly

Name _____

Mailing Address: _____ City _____ Zip _____

Phone: (Home) _____ (Work) _____ (Fax) _____

What is the best time to reach you? Home: _____ Work: _____

E-mail: _____ (*Please respond to all ACT Games e-mail!)

Are you affiliated with a group for this volunteer activity? YES, Group Name: _____ NO

Have you had any experience with the A.C.T. Games or individuals with disabilities? YES NO

If so, in what capacity?

Are you volunteering for class credit? YES NO

Will you need to have an evaluation form completed? YES NO

School of Attendance: _____ Instructor/Program: _____

To make your volunteer experience with us successful, please look through the list on the reverse side and mark one or more areas of interest. We will try to make an assignment from your request. A *four (4) hour time commitment is required.*

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Office of Human Services, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the A.C.T. Games held on **Saturday, October 18, 2008**. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity.

Media Release

I specifically grant permission to A.C.T. Games to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the A.C.T. Games.

Signature of volunteer, or guardian if under 18 yrs/ old: _____

Date Signed _____

Form Continued on Reverse Side

Please mail or fax the completed form **no later than Friday, Sept. 8, 2008** to: ATT: A.C.T. Volunteers, 6005 Folsom Blvd, Sacramento, CA 95819; or fax to ATT: Steve Hornsey at (916) 808-6074

NAME _____

VOLUNTEER OPPORTUNITIES

Saturday, October 18, 2008

Please Mark Only One Area:

6:30am - 2:30pm

8 hours (Limited number of volunteers needed for these jobs)

L [] Logistics

Duties include: setting up canopies, distributing materials, sweeping the parking area, loading & unloading supplies, etc.

8:30am - 1:30pm

5 hours

T [] Track Events

Duties include: setting up the track area, timers, recorders, escorts, heat organizers, traffic control, finish line assistants, cross country timers, encouraging the athletes, cleaning up the track area and returning supplies to the logistics team.

F [] Field Events

Duties include: setting up the field events area, heat organizers, escorts, spotters, timers, encouraging the athletes, cleaning up the events area and returning supplies to the logistics team.

A [] Awards

Duties include: setting up awards area, announcing, presenting, organizing, recording, clean up.

8:30am - 1:30pm

5 hours

D [] Demo Area

Duties include: set up, assisting coordinators with power soccer, Wheelchair basketball, wheelchair tennis, and equipment demonstration area, clean-up.

CSU SACRAMENTO TRAINING SESSIONS

[] YES I would like to volunteer to assist at CSU Sacramento, on the following dates:

(Check all dates you wish to attend)

_____ CSUS Training Session #1 Saturday, September 13, 2008 from 8:30-11:30AM

_____ CSUS Training Session #2 Saturday, September 20, 2008 from 8:30-11:30AM

_____ CSUS Training Session #3 Saturday, September 27, 2008 from 8:30-11:30AM

**Please Note: Training Sessions will also include athletes training for the Blind Olympics.

Please fill out form and return as soon as possible to receive further information, directions, and parking instructions for the CSUS training dates and the A.C. T. Games event.

Thank you for your commitment to children of all abilities!

FOR OFFICE USE ONLY

DATE(S): _____
START TIME: _____ END TIME: _____ TOTAL HOURS: _____
EVALUATION FORM COMPLETED? YES NO INITIAL _____

PARENTAL CONSENT

Parental consent form for volunteers under the age of eighteen. Must be completed by parent or guardian prior to volunteering with Access Leisure.

Please Type or Print Legibly:

Name of volunteer: _____

Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____ Other: _____

EMERGENCY CONTACTS

In case of medical emergency notify: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Other: _____

Alternate Contact: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Other: _____

RELEASE

Your signature below indicates (1) your approval for your son/daughter's participation as a volunteer in the City of Sacramento Access Leisure program; (2) your understanding that transportation to and from program is NOT provided; and (3) consent to any medical treatment for your son/daughter deemed necessary by a doctor in case of accident arising out of or in any way connected with participation in City programs. Volunteers are covered by the City of Sacramento Workers Compensation program.

Parent/Guardian Signature _____ Date _____