



PARALYMPIC EXPERIENCE 2010



Volunteer registration form for Saturday March 20, 2010

Name _____

Mailing Address: _____ City _____ Zip _____

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

What is the best time to reach you @? Home: _____ AM/ PM Work: _____ AM/PM Cell _____ AM/PM
(please circle AM or PM for each time listed)

E-mail: _____ (*Please respond to all emails!)

Are you affiliated with a group for this volunteer activity? If YES, Group Name: _____

Have you had any experience with individuals with disabilities? 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: _____

1. Have you ever been convicted by a court of a misdemeanor? YES NO

2. Have you ever been convicted by a court of a felony? YES NO

3. If "YES" to "1" or "2", state WHAT conviction, WHEN, WHERE, AND DISPOSITION OF CASE(S): _____

"Grounds for Termination: Volunteers will not be considered employees of the City of Sacramento. All volunteers serve The City of Sacramento at will, and either the City of Sacramento or the volunteer may terminate the arrangement without notice or consideration."

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Department of Parks and Recreation, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the US Paralympic Academy Sports Day. 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 the City of Sacramento, Access Leisure 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 River Cats Independence Field.

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

Date Signed

Return form to:

Steve Hornsey, 3291 Truxel Rd #26, Sacramento CA 95833 or fax to 916-808-6506

Forms must be returned by March 6, 2010

PARALYMPIC EXPERIENCE 2010

**Saturday March 20, 2010
California State University, Sacramento
Volunteer Registration form**

**Please mark areas that your are interested in volunteering for
You may choose to volunteer for one or more time periods**

- [] 10:00 AM-12:00 noon- Set up– unload and set up activity stations
Check in at Yosemite Hall 183**
- [] 12:00 PM – 4:00 PM- Paralympic Sports activity stations-
Assist at activity stations as needed- Check in Yosemite Hall 183**
- [] 4:00 PM – 5:00 PM clean up- Take down activity stations and load
equipment for transport.**

Paralympic Sports- Check all sports you are interested in

- [] Track**
- [] Field**
- [] Hand cycling**
- [] Wheelchair Basketball**
- [] Goal Ball- (Individuals with Visual Disabilities)**
- [] Sled Hockey**
- [] Quad Rugby**

**Thank you for registering to volunteer at the
Paralympic Experience Sacramento Sports Event
Presented by the
City of Sacramento, Department of Parks and Recreation
Access Leisure Section**



A program of the City of Sacramento, Department of Parks and Recreation