



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION
 ACCESS LEISURE, 6005 FOLSOM BLVD, SACRAMENTO, CA 95819
 TELE: (916) 808-2340 FAX: (916) 808-6155



SOLDIERS' ANGELS AND PARALYMPIC SPORT SACRAMENTO
"THANK YOU FOR YOUR SERVICE"

Saturday September 20th, 2008

Volunteer Registration
 (Please type or print legibly)

Name _____ Shirt Size: 2X XL L M S

Mailing Address: _____ City _____ Zip _____

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

What is the best time to reach you at; Home: _____ Work: _____ and/or Cell: _____

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

Are you affiliated with a group for this volunteer activity? YES NO

If YES, Group Name: _____

Have you had any experience with 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: _____

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): _____

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 River Cats Independence Field. 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 River Cats Independence Field 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, 6005 Folsom Blvd, Sacramento, CA 95819 or fax to 916-808-6155.



**“Thank You For Your Service” Event will take place at:
The “Samuel C. Pannell Community Center”
2450 Meadowview Road, Sacramento, CA 95832
on Saturday, September 20, 2008.**

Volunteer

Name _____ **Email Address** _____

(Please type or print legibly)

Please mark all of the volunteer opportunities you are interested in:

- 9:00 AM – 2:30 PM Logistic- set-up and take down for event, site and equipment**
- 9:30 AM – 2:00 PM Softball- assist with wheelchair softball game keep score, fill water coolers, other support**
- 9:30 AM – 2:00 PM Field Events- assist with Shot put, Javelin and discus event**
- 9:30 AM – 2:00 PM Pool Events- assist at swimming pool**
- 9:30 AM – 2:00 PM Wheelchair Basketball**
- 9:30 AM – 2:00 PM Adaptive Cycling**