

# SPECIAL OLYMPICS PA/VILLANOVA UNIVERSITY

## VOLUNTEER WAIVER APPLICATION



ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING WAIVER

### APPLICANT INFORMATION

Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State	ZIP:	
County:	Birthdate:		
E-Mail:	Day Phone:	Evening Phone:	
FAX:			
Special Requests: Physical Impairment (Crutches, walkers etc) <input type="checkbox"/> Wheelchair Accessibility Need YES <input type="checkbox"/> NO <input type="checkbox"/>			
Certifications: I am CPR Certified <input type="checkbox"/> I am First Aid Certified <input type="checkbox"/> I am willing to be Medical Volunteer <input type="checkbox"/>			
What year did you begin volunteering with Special Olympics, PA?			

### EMPLOYER/SCHOOL

Name:	Street Address:		
City:	State:	ZIP:	

### EMERGENCY CONTACT

*In the event of an emergency please contact:*

Full Name:	Relationship:
Day Phone:	Evening Phone:

### VOLUNTEER SIGNATURE

*I affirm that I have read, that I understand, and that I will adhere to the volunteer responsibilities and code of conduct; that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified. I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.*

Signature:	Date:
Drivers License Number:	Student ID Number:
Other ID Number:	What Type of ID?

### PARENT/GUARDIAN SIGNATURE

I, as a parent or guardian of the above applicant, have read and agree with all of the provided information and hold Special Olympics, Pennsylvania and /or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charge's participation.

Signature:	Date:
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