

2010 Deaf Youth Sports Festival

P.O. Box 17565 Louisville, KY 40217-0565

EMAIL: TeamMDO@aol.com

www.teammdo.org

Patron Volunteer	\$500
Gold Volunteer	\$300
Silver Volunteer	\$150
Bronze Volunteer	\$100
Full Time (Dorm & banquet)	\$100
Full Time (Commute & banquet)	\$75
Full Time (Commute/ no banquet)	\$50
Part Time Volunteer (no banquet)	\$50

28th Annual VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Full Name (how you want your name to be on the name tag)

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Address	City	State	Zip Code
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Home /VP with Area Code	Cell with Area Code or Pager	EMERGENCY CONTACT MUST have an alternative NAME and PHONE # OR PAGER. We must be able to reach this person during the week!
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Email Address (Please print CLEAR)

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth	T-Shirt Size (Select One) ALL ARE ADULT <small>SIZES (This is the shirt size you will get at the festival.)</small>
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How many years you have attended Deaf Youth Sports Festival as a participant _____ and/or a volunteer. _____ Have you received the Ten Year Award? ___YES ___NO (NOTE: If you wish to receive recognition for Ten Year Award, this application must be received by May 31, 2010)

Do you have communication experience with deaf/hard of hearing? Yes ___ No ___ IF YES, please briefly explain your communication skills? (e.g. use ASL, my parents Deaf, etc.)
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Do you have experience working with children, deaf or hearing? Yes ___ No ___ IF YES, please briefly explain your experience? (e.g. babysitting, camp, scout, etc.)

Will your son/daughter/brother/sister be a participant? ___YES ___NO If yes, please list the name(s) of the participant.
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*****ATTENTION***** FIRST TIME VOLUNTEERS ONLY need to attach a sheet of paper containing at least 3 character references: teachers, employers, clergy, etc.-NO RELATIVES!! We must have their complete name, mailing address and phone number. On the same sheet of paper please explain briefly how you found out about the Deaf Youth Sports Festival (MDO) and why you are interested in volunteering for this program.
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*** MEDICAL INFORMATION ***

Will you be taking any medications during the Deaf Youth Sports Festival? Yes _____ No _____

Please list the medications.

Allergies? Yes _____ No _____ If yes, please explain:

Is there any other information about yourself of which we should be aware? (for example: past mental/physical illness, physical or mental limitations, criminal record, special accommodations needed, special diet needed, etc.)
Yes _____ No _____ If yes, please explain:

PLEASE BE AWARE THAT MDO WILL NOT ASSUME ANY RESPONSIBILITIES FOR TREATMENT OF YOUR INJURY, ILLNESS, ETC DURING YOUR STAY. MDO WILL PROVIDE THE TRANSPORTATION TO AND FROM THE MEDICAL FACILITIES, IF NEEDED. ALL MEDICATIONS ARE TO BE SELF-ADMINISTERED.

*** SCHEDULE INFORMATION ***

Will you be a full-time volunteer? **July 25th- 31st, 2010** Yes _____ No _____ If yes, where will you be staying? (please check one)

_____ Dormitory on campus _____ Hotel _____ Home _____ Friend's Home _____ Other

Part-time volunteers need to fill in the time under the days that you will volunteer. We are depending on you so please specify dates and times...

Fri.7/23	Sat.7/24	Sun.7/25	Mon. 7/26	Tues. 7/27	Wed. 7/28	Thurs. 7/29	Fri. 7/30	Sat. 7/31

*** COMMITTEES ***

Please check your preference below. We will consider your available time, skills and interest. The Committee of Directors will make the final decision of where you will best fit. We will try to accommodate your request.

Check here if you prefer the Core Committee Directors to select the committee for you!

If you are a parent and are <u>bringing your child(ren) as participant(s)</u> Select one below!	If you feel you do not have the communication skills to work with Deaf/Hard of Hearing children, select one below!	If you have the communication skills to work with Deaf/Hard of Hearing children and prefer to work directly with the children, select one below!
<input type="checkbox"/> Food Service <input type="checkbox"/> Sports Competitions(check below)	<input type="checkbox"/> Sports Competitions <input type="checkbox"/> Food Service <input type="checkbox"/> Entertainment/ Elem Events <input type="checkbox"/> Hospitality/Communication	<input type="checkbox"/> Coaching <input type="checkbox"/> AGC (coaches' supervisor) <input type="checkbox"/> Support Staff <input type="checkbox"/> Overnight Duty

If you select Sports Competitions please number your preferences (1st, 2nd, 3rd, etc)

Basketball Swimming Soccer Track/Field Volleyball

Please check special skills (CPR, Nursing, First Aid, other medical expertise, etc.) that you would like MDO to utilize.

*** SIGNATURES ***

Deaf Youth Sports Festival (MDO) is committed to providing a safe, enjoyable and successful experience for everyone who attends. To allow us to achieve this goal, we must have advance knowledge of any special needs. This information will be treated confidentially and used only to make the necessary preparations. We will not use this information as a basis for rejecting this application.

PLEASE BE AWARE THAT DUE TO INSURANCE REASONS, **DEAF YOUTH SPORTS FESTIVAL** CANNOT BE RESPONSIBLE FOR ADMINISTERING FIRST AID TO ANY AND ALL VOLUNTEERS. PLEASE PREPARE ACCORDINGLY.

I have filled out this application truthfully and have concealed nothing from the **Deaf Youth Sports Festival**. To protect everyone involved with the Festival, the committee of directors has my permission to contact individuals regarding my work/volunteer experiences and other information pertaining to my volunteering at the Festival.

****Your Signature _____ Date _____

****Parent's Signature (if under 18) _____ Date _____