



Westside Special Olympics
VOLUNTEER
FALL 2009
PROGRAM DETAILS
&
SIGN-UP FORMS

August 2009

Dear Volunteers:

Westside Special Olympics Fall programs will begin soon. Please review the program details listed below and check off the programs you wish to participate in on the enclosed sign-up form. Mail or fax the forms to arrive on or before Friday, September 4, 2009. **You will not be receiving a reminder so remember to be show up on the first scheduled day for practice.**

All volunteers must complete the enclosed Volunteer Sign-Up form *prior* to showing up at practice. In addition, a Special Olympics Volunteer Application must be on file with the Westside office. If you have not attended an orientation, please call Silvia for the next orientation date. **No volunteer will be allowed to help if the have not attended an orientation.**

Many of our seasoned volunteers forget to complete & mail the sign-up forms in prior to the program start date. While we deeply appreciate all your support, we need to have this paperwork on file for the City of Santa Monica and Special Olympics. So please, take a moment, fill it in and mail it back.

Thank you all for your support of Westside's programs. If you have any additional questions, please give either Silvia or me a call at 310-458-2201 x2020.

Danny Price

WSO Area Director

Fall 2009 Athletic Programs

BOWLING:

October – December
Begins: Saturdays, Oct. 3rd
Ends: Saturday, December 5th
Day & Time: Saturday mornings, 8:30-10:30
Location: AMF Bay Shore Bowl, 234 Pico Blvd., Santa Monica

FLOOR HOCKEY

Begins: Saturday, September 12th
Ends: TBD
Day & Time: Saturdays 9:00 – 11:00 a.m.
Location: Memorial Park, 14th & Olympic Blvd., S.M.

VOLLEYBALL

Begins: Monday, October 5th
Ends: December 7th
Day & Time: Mondays 7:00 – 8:30 p.m.
Location: Windward Gymnasium (Palms & Sawtelle)

Other Therapeutic Programs

SOCIAL CLUB

Ongoing
Day: Thursdays
Time/Location: To be announced on the monthly calendar.
Community excursions, arts and crafts, group projects, dinners, movies, etc. in a social setting. See monthly calendar for details. Fee involved per activity. (13 yrs. & up) (Must fill out attached release form)

EXPLORERS

Ongoing
Day: Bi-monthly on Saturdays and/or Sundays
Times and locations TBA on monthly calendar
A unified program that incorporates disabled, non-disabled participants and volunteers in a social setting offering unique day and overnight trips and excursions. Open to anyone with or without disabilities. Each trip will require a fee, which will include the cost of admission, transportation, etc. for that event. (13 yrs. & up) (Must fill out attached release form)

REMEMBER TO COMPLETE THE ENCLOSED FORMS AND MAIL OR FAX THEM

TO ARRIVE IN OUR OFFICES ON OR BEFORE

FRIDAY, SEPTEMBER 4TH.



**2009 FALL
VOLUNTEER SIGN UP FORM**
City of Santa Monica
Adaptive Recreation and Sports Programs (SMARS)



PLEASE PRINT ALL INFORMATION CLEARLY

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please include area code for all phone numbers

Address _____

E-mail address _____ (will only be used to contact you about WSO)

Emergency Name & Phone _____

Health insurance/policy number _____

Please check the programs you will participate in:

BOWLING:	SESSION 2 ____ (Oct. to Dec.)
____ FLOOR HOCKEY	____ VOLLEYBALL
____ SOCIAL CLUB	____ EXPLORERS

Remember return completed forms to arrive on or before Friday, September 4th

*Westside Special Olympics
1401 Olympic Blvd.
Santa Monica, CA 90404
Fax (310) 452-9407
Attn: Silvia Zepeda*



VOLUNTEER
**2009 WESTSIDE SPECIAL OLYMPICS/
 THERAPEUTIC PROGRAMS RELEASE FORM**
(All volunteers must fill out and sign this form each January)

Mail completed form to: 1401 Olympic, Santa Monica, CA 90404
 Fax completed form to: 310 310-452-9407



If you completed this form earlier this year you do not have to complete it again.

Name:	Age:
Address:	City/State/Zip:
Phone w/area code:	Email address:
Emergency Name:	Emergency Number w/area code

RELEASE OF LIABILITY

In consideration of the above applicant's participation in the above activity, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me as the result of engaging in said activity or any activity incident thereto.

THIS RELEASE DISCHARGES IN ADVANCE THE CITY OF SANTA MONICA, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE.

Some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns. I also give my permission for any necessary medical care.

Volunteer's Signature: _____ **Date:** _____

All Volunteers MUST Sign.

Guardian Signature: _____ **Date:** _____

If participant is under 18 Parent/Guardian must sign. Thank you.