



40th Anniversary Deaf Youth Sports Festival
“7 to Ruby!”
July 9-15, 2023

MDO – VOL

Please Print Clearly

Volunteer Name _____ BIRTHDATE ____/____/____

Address _____ City _____ ST _____ Zip Code _____

Email _____ Phone/VP _____ Cell/Text _____

I AM Male ___ Female ___ Deaf ___ Hard of Hearing ___ Hearing ___
 (MUST be out of High School) (age 13-17 with adult)

T-SHIRT SIZE (Check one) ALL ADULT SIZE S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

Signing Skills: ASL ___ (fluent ___ some ___) Signed English ___ Other _____

How many years at MDO as Participant ___ as Volunteer ___ Received 10 year award? YES ___ NO ___

EMERGENCY CONTACT (We MUST be able to reach this person during the Festival)

Name _____ Relationship to you _____ Phone/Text _____
 (mom, dad, friend, etc)

Volunteers arrive Friday, July 7, 2023, @ 9 am for training/set up (unless otherwise instructed).

Let us know if you need a ride to/from airport / bus / train station (date, time, flight/train/bus #, etc)

WE ARE DEPENDING ON YOU! When will you volunteer at MDO? BE SPECIFIC.

1. ___ I will volunteer every day FROM July 7 at (time) ___ TO July 15 at (time) ___ **OR**
2. ___ I will volunteer different times / different days. Be specific: list times for each day at MDO.
 Friday, July 7 ___ Saturday, July 8 ___ Sunday, July 9 ___ Monday, July 10 ___
 Tuesday, July 11 ___ Wednesday, July 12 ___ Thursday, July 13 ___ Friday, July 14 ___
 Saturday, July 15 ___

___ I **NEED TO SLEEP IN THE DORM** ___ I **DO NOT NEED TO SLEEP IN THE DORM**
 (Accommodations will be in a dormitory setting. Let us know of any allergies/special needs.)

COMMITTEES (Work Assignments)

The Core Committee will make the final decision where you best fit depending on availability, skills and interest.

Job descriptions are at www.mdoyouth.org. **YOU MAY BE ASSIGNED IN MORE THAN ONE AREA.**

Admin/Office ___ Coach/Dorm ___ Food ___ Hospitality ___ Media/NL ___ Sports ___
 Special Skills: CPR ___ Nursing ___ First Aid ___ EMT ___ Lifeguard Cert ___ Interpreter ___ ServSafe Cert ___
 Other ___ (List special skills _____)

Will your child/grandchild/niece/nephew/sibling be a participant? YES ___ NO ___ If YES, list below

Child's name _____ Relationship to you _____

Child's name _____ Relationship to you _____

(Child/grandchild/niece/nephew/sibling)

If more than two, please list here.

MDO IS NOT RESPONSIBLE FOR TREATMENT OF INJURY, ILLNESS, ETC FOR VOLUNTEERS.

MEDICATIONS ARE TO BE SELF-ADMINISTERED. MDO will provide emergency transportation to/from medical facility if needed. **PLEASE LIST allergies, food restrictions**, mental/physical limits, and accommodations needed, etc.

VOLUNTEER CODE OF CONDUCT & ZERO TOLERANCE POLICY

As an MDO Volunteer, I will

- Be Respectful, Considerate, Patient, Flexible, and Creative
- Exhibit a positive attitude and work as a team member
- Follow all MDO Rules and guidelines as explained in training
- Be available to my committee, Attend all meetings, Complete all work assigned to me
- Abide by MDOs Zero Tolerance Policy
 - No Sex
 - No Alcohol
 - No Drugs
 - No Weapons
 - No Obscenity
 - No Vandalism
- Violations **WILL** result in **IMMEDIATE** expulsion from MDO and possible prosecution
 - NO Warning will be given
 - NO Exceptions

VOLUNTEER EXPERIENCE, BACKGROUND SCREENING, AGREEMENT OF TERMS

Describe your experience with Deaf/Hard of Hearing Community. (Deaf family, ASL student, Deaf friends, etc.)

Describe your experience working with children. (Parent, babysitting, camps, scouts, etc.) _____

Describe any information we need to know about you. (Criminal record or convictions, etc. Each situation will be evaluated individually.) _____

MDO involves the care of children and The Deaf Youth Sports Festival, Inc. reserves the right to conduct background screening on all Volunteer applicants to ensure the safety of all children. You will be notified if the Board will do a background screening at your expense.

Initial your understanding and agreement to the terms below.

_____ The Deaf Youth Sports Festival, Inc. has my permission to conduct background-screening and contact individuals regarding my work/volunteer experiences and other information pertaining to volunteering at the Festival at my expense, and I release The Deaf Youth Sports Festival, Inc. and all others from liabilities.

_____ I agree The Deaf Youth Sports Festival, Inc. has my permission to use pictures, names, and other art forms depicting myself at MDO in future publications and promotions.

_____ I understand and agree to follow MDOs Code of Conduct and Zero Tolerance Policy.

_____ I have filled out this application truthfully and concealed nothing from The Deaf Youth Sports Festival, Inc.

_____ I can donate \$ _____ to The Deaf Youth Sports Festival, Inc. (Recommended \$100)

Applicant's Signature _____ Date _____

Parent's Signature (if Applicant is under 18) _____ Date _____

All information will be treated confidentially.

Email: teammdo@gmail.com Website: www.mdoyouth.org

The Deaf Youth Sports Festival, Inc., P. O. Box 421304, Indianapolis, IN 46242