



**43<sup>rd</sup> Anniversary Deaf Youth Sports Festival**  
**“Making Deaf Olympians!”**  
**July 13-19, 2025**

MDO – VOL

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**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 may arrive Friday, July 11, 2025, @ 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 11 at (time) \_\_\_ TO July 19 at (time) \_\_\_ **OR**
2. \_\_\_ I will volunteer different times / different days. Be specific: list times for each day at MDO.

Friday, July 11 \_\_\_ Saturday, July 12 \_\_\_ Sunday, July 13 \_\_\_ Monday, July 14 \_\_\_  
 Tuesday, July 15 \_\_\_ Wednesday, July 16 \_\_\_ Thursday, July 17 \_\_\_ Friday, July 18 \_\_\_  
 Saturday, July 19 \_\_\_

\_\_\_ 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](http://www.mdoyouth.org). **YOU MAY BE ASSIGNED IN MORE THAN ONE AREA.**

HQ/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.

**VOLUNTEER MEDICAL INFORMATION**

**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 - \$150)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**All information will be treated confidentially.**

**Email: [teammdo@gmail.com](mailto:teammdo@gmail.com) Website: [www.mdoyouth.org](http://www.mdoyouth.org)**

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