



**Greater Ohio Area Super Kids Classic, Inc.**  
P.O. Box 6223, Akron, OH 44312  
www.superkidsohio.org  
info@superkidsohio.org  
(330) 577-3596

## VOLUNTEER REGISTRATION OPEN FOR 2019 RACE EVENTS

March 30, 2019

On Saturday, June 1, 2019, we will be holding the annual Greater Ohio SuperKids Classic Race at Derby Downs in Akron. The SuperKids Classic Race gives children with disabilities the opportunity to experience the thrill of participating in a Soap Box Derby event.

**We are currently seeking volunteers** to help make us make this a safe and exciting experience for the children that are participating, as well as the parents and families.

2019 Race Event Volunteers are also invited to attend our Family and Volunteer picnic on Sunday June 2<sup>nd</sup> (free of charge), and welcome to purchase tickets for our Awards Banquet on Wednesday June 12<sup>th</sup> (\$12 for adults, \$8 for children 12 and under). More information will be provided to confirmed volunteers.

### **PLEASE LET US KNOW YOU ARE INTERESTED BY MAY 1, 2019:**

Returning and new volunteers – email or call us to let us know you are interested by May 1<sup>st</sup>, 2019. Volunteers who have not registered in advance or submitted requested information will not be eligible to volunteer for race events.

### **VOLUNTEER SHIFTS AND ASSIGNMENTS:**

Volunteer assignments include a variety of tasks including assisting with parade line up and recreational activities for racers and their families; serving food; assisting racers in and out of vehicles; and other tasks to help us make this a safe and fun day! Volunteer shifts are available on:

**Practice Day – Monday, May 20<sup>th</sup>** – approx.5pm-8pm

**Race Day – Saturday, June 1<sup>st</sup>** – approx. 8:30am - 4:30pm (or until a winner is declared)

### **VOLUNTEER REQUIREMENTS:**

- Volunteers are required to **complete the volunteer application and release forms**, and **bring/show a Driver's License or State Issued Photo ID** when you check in for your volunteer shift.
- **Volunteers under 18 years old** must have the signature of a legal guardian or parent on the volunteer form, and they must be accompanied onsite during their volunteer shift by an adult guardian – guardians can be parents, family, teachers, troop leaders, or any authorized adult.

### **VOLUNTEER DEADLINES:**

- Email or call us to let us know you are interested by May 1<sup>st</sup>
- Mail or email your volunteer form, or bring it with you to your first volunteer shift (if you have already alerted us by phone or email that you will be joining us).

If you/your organization would be interested in helping with any of these tasks, please contact us as soon as possible for more information. If you are not able to volunteer, please consider attending the race and cheering on our racers from the Derby Downs stands!

Sincerely,  
Laura Snyder  
GOASKCI Vice President & Volunteer Coordinator  
[info@superkidsohio.org](mailto:info@superkidsohio.org)  
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**VOLUNTEER APPLICATION & RELEASE FORMS p.1 of 2**

**There are 4 parts to this form – please fill out all parts/pages.**

**PART 1: PERSONAL INFORMATION**

First Name:	Last Name:	Age:
Home Phone:	Email address:	T-Shirt Size ( <b>must be provided by May 1<sup>st</sup></b> to guarantee your size):
Cell Phone (if you will have it during your shift):		Texting ok: Yes No
Street # and Address, City, State and Zip Code:		
Emergency Contact Name:		Emergency Contact Phone:
Optional: Allergies or medical conditions GOASKCI event coordinators should be aware of:		
Driver's License or State issued ID Number:	Issuing State:	Expiration Date:
<b><i>Please bring a copy of your driver's license or state issued photo ID to your volunteer shift. New volunteers: We will ask to photograph your ID for our records when you check in.</i></b>		

**PART 2: EVENTS AND TASKS YOU ARE AVAILABLE FOR:**

**Practice Day May 21<sup>st</sup>:**

- Anytime between 5pm and 8pm
- Early shift (starting 5:00pm)
- Late shift (Arriving later but staying until the end of practice, usually around 7pm)

**Race Day June 2<sup>nd</sup>:**

- Anytime between 8:30am and 4:30pm
- Morning only (8:30am – 12noon)
- Afternoon only (12noon until 4:30pm)
- Other specific times available: \_\_\_\_\_

**Please tell us the following so we can assign you to volunteer roles that best meet our needs and yours:**

- I can do tasks that involve standing for long periods of time.
- I can do tasks that involve walking (up and down Derby Downs hill/track).
- I can do tasks that involve lifting 100lbs or more (with assistance from other people)
- I can do tasks that are primarily sitting down.
- Other comments:**



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**PART 3: RELEASE (by submitting this form you agree to all of these statements)**

- I understand that my (and/or my son/daughter's) participation in this program requires compliance with specific rules and regulations for safety. I agree to abide by all rules and regulations set forth.
- I hereby assume all responsibility for health and well-being, and risk of accident or harm for myself (and/or my son/daughter) arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program. I hereby release and discharge the Greater Ohio Area SuperKids Classic, Inc. (GOASKCI) and the agents, associates, and volunteers who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to me, my family and its members during or resulting from participating in the program mentioned.
- I understand that photos and video will be taken at this event, and by attending I consent (for myself, and/or son/daughter) to being photographed and/or videotaped and that the GOASKCI may use photos and videos depicting me for any purpose without my further approval. If I do not wish to be photographed or videotaped, I must inform the Volunteer Coordinator prior to my Volunteer shift.

**PART 3: MEDICAL INFORMATION (REQUIRED) (Please check only ONE option)**

- In the event of an emergency in which I need (or my son/daughter needs) transported for emergency medical treatment): **I hereby authorize medical personnel to release necessary information about my care (or my son's/daughter's care) to authorized GOASKCI Board Member/Volunteer Coordinator.**
- In the event of an emergency in which I need (or my son/daughter needs) transported for emergency medical treatment): **I do not authorize release of medical information to GOASKCI, and authorize GOASKCI only to call 911.**

**PART 4: SIGNATURE**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If volunteer under age 18, signature of parent or legal guardian required:**

**Legal Parent/Guardian Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

During my child's volunteer shift I will be (check one):

- onsite with my child
- offsite – my child will be supervised by authorized adult (name): \_\_\_\_\_