

Medical Team Registration Form

To be a medical volunteer for the 2005 Summer National Senior Games – The Senior Olympics, simply fill out this form and mail it to:

Pittsburgh Local Organizing Committee
2005 Summer National Senior Games
Attn: Medical Volunteers
3434 Forbes Avenue
Murdoch Building, Suite 215
Pittsburgh, PA 15213



June 3-18, 2005

For more information on becoming a volunteer, please call 412-647-9536.

Or please fax your completed form to: 412-647-9669

Thank you for your interest in the Games!

* Indicates a required field

Name*

Address 1*

Address 2*

City*

State*

Zip Code*

Home Phone*

Work Phone

Mobile Phone

E-mail

T-Shirt Size* ___ S ___ M ___ L ___ XL ___ XXL

Profession*
(Please check all that apply)

- | | |
|------------------------------|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> EMT |
| <input type="checkbox"/> DO | <input type="checkbox"/> ATC |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Massage Therapist |
| <input type="checkbox"/> RN | Other <input type="text"/> |

Specialty*
(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> CCU/ICU |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Anesthesia |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Family Practice | |

Please complete and submit page 2 of this form.

Medical Team Registration Form (continued)

Name*

Home Phone*

* Indicates a required field.

Do you have your own professional liability insurance?*

Yes No

If "yes" and if you are a private practitioner, please mail or fax a certificate of insurance with your volunteer forms. Your insurance carrier/risk manager must verify on the certificate that your participation with the Senior Games is covered.

Days Available*
(Please check all that apply)

Monday Tuesday Wednesday
Date(s): _____ Date(s): _____ Date(s): _____

Thursday Friday Saturday
Date(s): _____ Date(s): _____ Date(s): _____

Sunday
Date(s): _____

Times Available*
All shifts are fours (4) hours
(Please check all that apply)

Morning Afternoon Evening

Venue Preference
(Please check all that apply)

<input type="checkbox"/> Archery	<input type="checkbox"/> Badminton
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Cycling	<input type="checkbox"/> Golf
<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Race Walk
<input type="checkbox"/> Racquetball	<input type="checkbox"/> Road Race
<input type="checkbox"/> Shuffleboard	<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming	<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Tennis	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Triathlon	<input type="checkbox"/> Volleyball
