

# Capital City Senior Games Volunteer Registration Form



FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state the nature of offense: \_\_\_\_\_

### Areas of Interest:

- Individual Sport Assistant  
(sports listed on back)
- Ambassador/ Information Desk
- Registration
- Hospitality
- Welcome Event
- Set up/ Break down
- Awards
- Volunteer Registration
- Flexible

### Days Available: (check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

### Times Available: (check all that apply)

- Mornings
- Afternoons
- Evening

Is there any additional information you'd like to provide?

---

---

---

It is agreed by the signature below that in the event I am disabled or incur disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks and Recreation Department and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature below, I have read and agree to comply with the guidelines set forth.

By my signature below, I understand that the Tallahassee Parks and Recreation Department may conduct any criminal background check they deem appropriate or mandated by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Capital City Senior Games Events

- Archery** (Saturday)
- Basketball Shooting** (Friday)
- Basketball - 3 on 3** (Saturday)
- Billiards - 8ball** (Saturday)
- Billiards - 9ball** (Sunday)
- Bowling - Singles** (Saturday)
- Bowling - Doubles & Mixed** (Sunday)
- Cycling 5k, 10k, Time Trial** (Saturday)
- Golf** (Monday)
- Horseshoes** (Saturday)
- Power Lifting** (Friday)
- Race Walk** (Saturday)
- Road Race 5k** (Saturday)
- Softball** (Friday)
- Swimming** (Saturday)
- Table Tennis - Singles** (Saturday)
- Table Tennis - Doubles** (Saturday)
- Table Tennis - Mixed** (Sunday)
- Tennis - Singles** (Friday)
- Tennis - Doubles** (Saturday)
- Tennis - Mixed** (Saturday)
- Track & Field** (Saturday)
- Volleyball - Men's** (Saturday)
- Volleyball - Women's** (Sunday)

**Please return completed registration forms to:**

**Susan Davis  
1400 N. Monroe St.  
Tallahassee, Florida 32312**

**E-Mail: [susan.davis@talgov.com](mailto:susan.davis@talgov.com)**

**Fax: 891-4020**

**Call 891-4065 for volunteer information.**