

WORKER REGISTRATION FORM

REGION

2013-2014 GULF COAST

Florida Odyssey of the Mind

- ☆ This information is required for the state online registration: www.floridaodysseyofthemind.org.
- ☆ THIS FORM STAYS WITH THE COORDINATOR.
- ☆ **Register one worker per team by December 1. PLEASE NOTE:** ALL WORKERS REGISTERED will be scheduled; please don't register multiple workers for a team as a "back-up" in case someone does not show up. **All names turned in will be given a TWO or THREE-hour shift.**

PLEASE PROVIDE WORKER'S ACTUAL INFORMATION,
NOT SCHOOL OR COORDINATOR ADDRESS OR PHONE NUMBER.

Please print neatly in dark ink or type.

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ CELL PHONE: (____) _____

HOME PHONE: (____) _____ EMAIL: _____ (**required**)

AGE: 16 17 18 18+ AND out of high school? (circle one)

*****ALL WORKERS MUST BE 16+. MEMBERSHIPS ARE LIMITED TO A MAXIMUM OF TWO WORKERS WHO ARE UNDER 18 OR STILL IN HIGH SCHOOL.**

PREVIOUS ODYSSEY EXPERIENCE? If first time worker, type NONE.

Judge

coach

worker: _____

WORKER'S PREFERENCE FOR THIS YEAR. RANK CHOICES IN ORDER OF PREFERENCE WITH 1 BEING A FIRST CHOICE.

___ Registration ___ Sales ___ Setup (circle one) 4-6pm 5-7pm 6-8pm

___ games ___ Info booth ___ Hospitality ___ Door Monitor ___ Zone Monitor

IS THIS WORKER RELATED TO ANYONE COMPETING IN ODYSSEY THIS YEAR OTHER THAN THE TEAM HE/SHE IS REPRESENTING? YES NO

LIST ALL OTHER **TEAMS** AFFILIATED WITH THIS WORKER BY FAMILY RELATIONSHIPS:

COORDINATOR'S NOTES:

•This worker will represent (name of team): _____

☐ I gave the worker the attached page.

☐ I verified this worker is an approved volunteer on (date): _____

☐ I registered this worker on (date): _____

☐ I contacted this worker to thank and remind him/her of the tournament on these dates: _____

WORKER INFORMATION FORM

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Florida Odyssey of the Mind

Thank you for volunteering to work the tournament for Odyssey of the Mind. If you would like to know more about our program or need maps to the competition site, please visit www.gcodyyssey.com. You have agreed to the following:

- ★ ***to check in at worker registration at least 20 minutes prior to your assigned work time, AND***
- ★ ***to work up to a three-hour shift at the Gulf Coast Odyssey of the Mind Regional Tournament. on Saturday, _____, at _____ Middle School OR***
- ★ ***to work a two-hour shift helping to set up the Gulf Coast Odyssey of the Mind Regional Tournament. on Friday, _____, at _____ Middle School.***

Please understand the following:

1. *As a worker, you will be assigned a shift that **allows** you to see the team you represent as well as any teams that include a child to whom you are related.*
2. *If you have requested a specific worker assignment, please know that every effort will be made to assign you where you've designated, but sometimes it's not possible to do so; please make sure the team's coordinator knows of ANY physical limitations you may have, i.e. lifting, standing for two hours, etc.*
3. *Your specific assignment will be given to the team's coach at the mandatory coach's meeting on Saturday, February 8, 2014.*
4. *Any team who does not provide a worker for the tournament will be assessed a 25 point administrative penalty **AND** be fined up to \$50. Please mark the tournament date on your calendar, and honor your commitment to the team. If you find you ***canNOT*** fulfill your assignment, please notify the team's coach immediately so a replacement worker can be located.*
5. *If you haven't received your assignment by February 22, 2014, please contact:*

*Freda Abercrombie, Regional Director,
Gulf Coast Odyssey of the Mind
fabercro@pasco.k12.fl.us
813-924-0850*