



**SPECIAL OLYMPICS WISCONSIN  
SOUTH CENTRAL REGION 6  
INDIVIDUAL VOLUNTEER REGISTRATION FORM**

*Special Olympics South Central WI is recruiting individuals who are looking to be inspired.*  
**Volunteers are needed for the Basketball Tournament on Sunday March 4, 2012**  
**MAC Sport Center – Verona**

**Denotes Required Field**

**Name:** \_\_\_\_\_  
 LAST FIRST (GIVEN) INIT.

**Organization Name:** \_\_\_\_\_

**Address Type:** (Circle One) Home Business School

**Mailing Address:** \_\_\_\_\_  
 NUMBER STREET STATE ZIP APT

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (At least One #)

**Home:** - - **Business:** - - **Cell:** - -

**E-Mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Children age 8 -13 must be accompanied by a parent or guardian. Youth groups must be accompanied by adult supervision 1:4.)

**\*\*Adults must bring photo ID to event (drivers license, student ID, state ID card, passport or military ID\*\***

Club/Group affiliation if any: \_\_\_\_\_

**Please Read Carefully Before Signing:**

**I grant Special Olympics Wisconsin permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics.**

\_\_\_\_\_  
 Signature of Parent/Guardian (required for volunteers under age 18) Date

\_\_\_\_\_  
 Printed Name of Parent/Guardian (required for volunteers under age 18) Parent/Guardian Phone number

\_\_\_\_\_  
 Signature of volunteer Date

**I know how to score for basketball:** Yes  No

**Check Job Preference:**  Scorebook Keeper  Scoreboard Operator  Officiating  
 Registration/Awards  Court Captains  No Preference

**I can volunteer from:**  8:00am-12:00 pm  11:45 pm-4:00pm  3:45 pm-7:00pm  
 All Day! (Includes lunch)  I can volunteer between \_\_\_\_\_ and \_\_\_\_\_.

**WE NEED VOLUNTEERS - CAN YOU HELP US OUT?**

**SPECIAL OLYMPICS WISCONSIN BASKETBALL TOURNAMENT**  
**Sunday March 4, 2012**  
**VOLUNTEER REGISTRATION FORM**

Have you volunteered with Special Olympics before?    Yes     No

If yes, what volunteer job did you perform? \_\_\_\_\_

Would you like the same job if it is available?    Yes     No

Please **PRINT** clearly and **RETURN** this form to:

By Mail:        Special Olympics Wisconsin  
                  South Central Region 6  
                  Attn: Don Wigington  
                  5900 Monona Dr, Suite 403  
                  Madison, WI 53716

Email:         [dwigington@specialolympicswisconsin.org](mailto:dwigington@specialolympicswisconsin.org)

Fax:           (608) 221-3961

Forms should be in by **Friday, February 17<sup>th</sup>; however, late forms will be accepted.**

**QUESTIONS???**

For questions about volunteering, please Call **Don** at (608) 221-2900 or [dwigington@specialolympicswisconsin.org](mailto:dwigington@specialolympicswisconsin.org)

**\*\*Once registered, you will receive your volunteer assignment and information about a week prior to the tournament.\*\***

**\*\*A Volunteer Orientation will be held prior to the volunteer shift.\*\***