

**SPECIAL OLYMPICS WISCONSIN  
NORTH CENTRAL AREA 2  
INDIVIDUAL CLASS B VOLUNTEER REGISTRATION FORM  
AREA ATHLETICS COMPETITION – MAY 7, 2011**



**Special Olympics**  
Wisconsin  
Be a fan™  
*Support. Volunteer. Compete.*

**Denotes Required Field**

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

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

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

**Mailing Address:** \_\_\_\_\_  
NUMBER STREET 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

**(OVER)**

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

**SPECIAL OLYMPICS WISCONSIN  
NORTH CENTRAL AREA 2  
AREA ATHLETICS COMPETITION  
May 7, 2011  
VOLUNTEER REGISTRATION FORM**

**Area Athletics Competition** Saturday, May 7, 2011 at Jay Stadium, Merrill High School, Merrill

**Saturday, May 7, 2011:**

**9:00 a.m. – 3:00 p.m.**

- |   |  |
|---|--|
| <input type="checkbox"/> Timing             | <input type="checkbox"/> Staging       |
| <input type="checkbox"/> Awards             | <input type="checkbox"/> Escort        |
| <input type="checkbox"/> Lunch Distribution | <input type="checkbox"/> No Preference |

Health conditions that may affect your job assignment: \_\_\_\_\_

Have you volunteered with Special Olympics before?  Yes  No

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

Would you like the same job again if it's available?  Yes  No

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

By Mail: Special Olympics Wisconsin  
North Central Area 2  
Attn: Jerry Lyon  
2804 Rib Mountain Dr., C  
Wausau, WI 54401

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

Fax: 715-848-0880

Forms should be in by **Monday, May 3<sup>rd</sup>**; however, late forms will be accepted.

### **QUESTIONS???**

For questions about volunteering contact Jerry at 715-848-0550 or [jlyon@specialolympicswisconsin.org](mailto:jlyon@specialolympicswisconsin.org).  
You can also check us out on-line to learn more about Special Olympics Wisconsin and North Central Area 2

\*\*Once registered, you will receive a volunteer memo 1 week prior to the tournament with your volunteer assignment listed inside.