

**Special Olympics Wisconsin
CLASS B INDIVIDUAL VOLUNTEER REGISTRATION FORM**

**2010 Green Bay Polar Plunge
Saturday, February 27, 2010**

PLEASE PRINT CLEARLY and return this form by **Monday, February 15, 2010** to:
Special Olympics Wisconsin
Attn: Plunge Volunteer
2140 Holmgren Way Green Bay, WI 54304
Fax: (920) 497-0126 Email: kwalker@specialolympicswisconsin.org

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth (if under 18): _____

Home Phone: _____ Alt. Phone: _____

Email: _____

*****All volunteers must now present a photo ID at registration*****

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 Volunteer	_____ Date
_____ Printed Name of Parent/Guardian (required for volunteers under age 18)	_____ Parent/Guardian Phone number
_____ Signature of Parent/Guardian (required for volunteers under age 18)	_____ Date

- Have you volunteered for Special Olympics Wisconsin previously? _____
- What School / Club / Group are you affiliated with? _____

Please list which volunteer positions you are interested in:
We will make every effort to accommodate your request.