



# SPECIAL OLYMPICS WISCONSIN INDIVIDUAL VOLUNTEER REGISTRATION FORM

Special Olympics Wisconsin is recruiting individuals who are looking to be inspired.  
Volunteers are needed for the **District Aquatics Competition** on  
**Saturday April 24, 2010 from 11:00 am – 4:30 pm**  
**Wauwaukee High School**

Name: \_\_\_\_\_  
LAST FIRST M.I.

Mailing Address: \_\_\_\_\_  
NUMBER STREET APT

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

Home Phone: \_\_\_\_\_ Cell/Business Phone: \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age Category (Youth under age 12 are not eligible to volunteer):

\_\_\_ 18 & Over \_\_\_ 16-17 \_\_\_ 14-15 \_\_\_ 12-13 (Youth age 12 and 13 must be accompanied by a parent or guardian;  
groups of youth ages 14-15 must provide a minimum of 1 chaperone for every 4 youth)

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

Club/Group/Family 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

### **Check Job Preference:**

- Score Keeping/Awards
- Staging
- Timing
- No Preference

I can work the entire 11:00-4:30 shift: Yes  No

If no, what times can you volunteer? \_\_\_\_\_

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

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

**SPECIAL OLYMPICS WISCONSIN DISTRICT AQUATICS COMPETITION**

**April 24, 2010**

**VOLUNTEER REGISTRATION FORM**

Please **PRINT** clearly and **FAX or MAIL** Page 1 of this form to:

Special Olympics Wisconsin  
Jon Janigo  
5900 Monona Dr, Suite 403  
Madison, WI 53716  
Fax: (608) 221-3961

Or fill out form electronically and **EMAIL** to: [jjanigo@specialolympicswisconsin.org](mailto:jjanigo@specialolympicswisconsin.org)

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

**QUESTIONS???**

For questions about volunteering, please Call **Jon** at (608) 221-2900

*\*\*Once registered, you will receive information about the tournament about two weeks prior to the competition.\*\**

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

Special Olympics Wisconsin  
South Central Area  
5900 Monona Drive, Suite 403  
Madison, WI 53716