



**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 Bowling Tournaments on Saturday October 22, 2011 and
 Saturday November 5, 2011 from 11:00 am – 5:00 pm**

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

2 BOWLING SITES FOR EACH TOURNAMENT!!

BOWL-A-VARD (2121 E. Springs Dr. Madison, WI) AND PRAIRIE LANES (430 Clarmar Dr. Sun Prairie, WI)

- | | | | |
|--------------------------------------|--|--|--|
| I would like to volunteer on: | <input type="checkbox"/> October 22 | <input type="checkbox"/> November 5 | <input type="checkbox"/> Both Dates! |
| I would like to volunteer at: | <input type="checkbox"/> Bowl-a-Vard | <input type="checkbox"/> Prairie Lanes | <input type="checkbox"/> No preference |
| Check Job Preference: | <input type="checkbox"/> Lane Helper | <input type="checkbox"/> Awards | <input type="checkbox"/> No preference |
| I can volunteer from: | <input type="checkbox"/> 11:15am-2:15 pm | <input type="checkbox"/> 2:00-5:00pm | <input type="checkbox"/> All Day! (includes lunch) |

WE NEED VOLUNTEERS - CAN YOU HELP US OUT?

SPECIAL OLYMPICS WISCONSIN BOWLING TOURNAMENTS
October 22, 2011 and November 5, 2011
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

Fax: (608) 221-3961

Forms should be in by **Friday, September 30th; however, late forms will be accepted.**

QUESTIONS???

For questions about volunteering, please Call **Don** at (608) 221-2900 or 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.****