



**SPECIAL OLYMPICS WISCONSIN
STATE INDOOR SPORTS TOURNAMENT
UW- OSHKOSH, APRIL 9-11, 2010
VOLUNTEER REGISTRATION FORM**



REGISTER ON-LINE AT www.SpecialOlympicsWisconsin.org

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

Name: _____
LAST FIRST INIT.

Mailing Address: _____
NUMBER STREET APT

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell/Business Phone: _____ - _____ - _____

E-Mail: _____

Date of Birth: ____/____/____

(Children under age 12 are not eligible to volunteer but can attend as spectators. Children age 12 -13 must be accompanied by a parent or guardian)

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

Please check (✓) all areas and time slots you are interested in volunteering for below. If you are undecided as to what area to volunteer for, Team and Basketball Skills require the most volunteers per shift. Should you and a friend wish to volunteer together, please staple the forms together and submit at the same time.

Basketball Skills:	Saturday, 8:30am – 2:00pm			
Awards for Basketball Skills:	Saturday, 9:00am – 2:00pm			
Team Basketball:	Saturday, 8:30am – 12:15pm	Saturday, Noon – 5:30pm		
Volunteer Check-in:	Saturday, 7:30am – 12:30pm	Saturday, Noon – 5:00pm		
Healthy Athletes:	Saturday, 8:00am – Noon	Saturday, Noon – 4:30pm		
Souvenirs:	Saturday, 8:30am – Noon	Saturday, Noon – 5:00pm	Saturday, 5:00pm – 9:30pm	
Awards for Team Basketball & Souvenirs:	Sunday, 8:30am – 2:30pm			

_____ I have no preference where I volunteer, but would like (circle day & time) Saturday, Sunday, AM shift, PM shift

Have you volunteered with Special Olympics before? Yes No

If yes, what job(s) did you perform? _____ Would you like this job again? Yes No

Committee Chairperson _____ has requested my services with _____
Chair name Job/Position

Health conditions that may affect your job assignment: _____

-OVER-

WE NEED VOLUNTEERS - CAN YOU HELP US OUT?

SPECIAL OLYMPICS WISCONSIN INDOOR SPORTS TOURNAMENT

APRIL 9-11, 2010

VOLUNTEER REGISTRATION FORM

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

Jodi Vandermolen
C/O Special Olympics
2401 W. Waukau Ave
Oshkosh, WI 54904

Or **FAX** to: (920) 303-9294

Forms should be in by March 7; late forms will be accepted if there is still a volunteer need. Once registered, you will receive a volunteer memo 1 week prior to the tournament with your volunteer assignment listed inside.

A Volunteer Pep Rally/Orientation will be held prior to the beginning of each volunteer shift.

QUESTIONS???

For questions about volunteering contact Jodi at (920) 303-9200 or toll-free (877) 303-9200. You can also check us out on-line to learn more about Special Olympics Wisconsin or to view our FAQ page for the Indoor Sports Tournament at www.SpecialOlympicsWisconsin.org!

OFFICE USE ONLY

Job Assignment	Date	Time	Site
_____	_____	_____	_____
_____	_____	_____	_____

Jodi Vandermolen
C/O Special Olympics
2401 W. Waukau Ave
Oshkosh, WI 54904