

SPECIAL OLYMPICS WISCONSIN
INDIVIDUAL CLASS B VOLUNTEER REGISTRATION FORM

Special
Olympics
Wisconsin



Flag Football Tournament – October 1, 2016

Personal Information (Items in RED are required fields)

Name: _____
Last First (Given) Initial

Mailing Address Type: (circle one) Home Work School

Mailing Address: _____
Number Street Name Apt.

City: _____ **State:** _____ **Zip:** _____

Phone: _____
Home Work Mobile

Email: _____

Employer: _____

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

Group or Affiliation (check all that apply)

- I am a member of the military services. **Status** (circle one): Active Retired
Branch of Service (circle one): Army Air Force Navy Marines Coast Guard Reserves Guard ROTC
- I am a student. **Name of school currently attending:** _____
Type of School (circle one): Elementary Middle School High School Military Academy College/University Other
- I am a member of a club, volunteer organization or civic group.
Name of group: _____

Release

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

WE NEED VOLUNTEERS CAN YOU HELP US OUT?

Flag Football Tournament October 1, 2016 at Neenah High School

Saturday, Oct. 1, 2016

Volunteer Schedule

7:30 Volunteer Check-in
8:00 – 4:00 Competition & Awards Lunch (Provided)

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

OTHER COMMENTS: _____

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

By Mail: Special Olympics Wisconsin
 Region 4 – Fox Valley Email: jlaplante@specialolympicswisconsin.org
 W5361 Cty Rd KK Ste. D
 Appleton, WI 54915
 Attn: Jody LaPlante Fax: 920-731-3691

Forms should be in by **Thursday, September 22, 2016; however, late forms will be accepted.**

QUESTIONS???

For questions about volunteering contact Jody at 920-731-1614 or jlaplante@specialolympicswisconsin.org.
You can also check us out on-line to learn more about Special Olympics Wisconsin.