

**SPECIAL OLYMPICS WISCONSIN
SOUTH CENTRAL REGION 6
INDIVIDUAL CLASS B VOLUNTEER REGISTRATION FORM**

**Special
Olympics
Wisconsin**



REGIONAL ATHLETICS COMPETITION – MAY 11, 2013

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 volunteering as member of a club, volunteer organization or civic group.
Name of group: _____ (Enter NONE if no affiliation)

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?

**SPECIAL OLYMPICS WISCONSIN
SOUTH CENTRAL REGION 6
VOLUNTEER REGISTRATION FORM**

District Basketball Competition Saturday, May 11, 2013 at Oregon High School, Oregon WI

Check Job Preference: Timer Athlete Escort Awards Staging
 Field events (jumps, shot put, softball throw, turbojav) No Preference

I can volunteer from:

8:00 am-10:30 (setup) 9:00 am-1:00 pm 12:30 pm-4:00 pm All day (includes lunch)

Every effort is made to assign volunteers to their requested position and time slot. However as slots fill up we will assign volunteers to unfilled positions and available time.

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

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

By Mail: Special Olympics Wisconsin
 South Central Region 6
 Attn: Don Wigington
 575 D'onofrio Drive Suite 102
 Madison, WI 53719

Email: dwigington@specialolympicswisconsin.org
Fax: 608-828-2621

Forms should be in by **Friday, April 26th**; however, **late forms will be accepted.**

QUESTIONS???

For questions about volunteering contact Don at 608-828-2622 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.****