



Special Olympics

Volunteer Application

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State ____ ZIP _____

Date of Birth _____ Sex _____

Email _____

Home Ph. _____ Work Ph. _____ Cell Ph. _____

Employer/School/Group _____

Address _____

City _____ State ____ ZIP _____

Please check any of the following in which you are interested:

- Coach
- Fundraising
- Program Volunteer
- Event Day Volunteer (To work in any variety of positions the day of a city tournament or fundraising event)

- Yes, I would like to receive Special Olympic updates via email