



**SPECIAL OLYMPICS SWIM PROGRAM
2016-2017 VOLUNTEER FORM**

VOLUNTEER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS:

HOME: _____ **CELL:** _____ **WORK:** _____

EMAIL: _____ **DOB:** _____

EMERGENCY CONTACT: _____ **NUMBER:** _____

As a volunteer for Special Olympics Swim Program, I agree to put the safety and well-being of the athletes first at all times as well as to be patient and understanding of their special needs.

Signature: _____ **Date:** _____

Class A on File: