



**SPECIAL OLYMPICS SWIM PROGRAM  
2019 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:**