

Special Olympics Wisconsin  
Individual Class B Volunteer Registration Form



**STATE SUMMER GAMES: June 6-9, 2018**

**Personal Information (Items in RED are required fields)**

**Name:** \_\_\_\_\_  
Last First (Given) Middle Initial

**Mailing Address Type:** (circle one) Home Work School

**Number:** \_\_\_\_\_ **Street Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Home Work Mobile

**Email** (used to send volunteer information): \_\_\_\_\_

**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 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:** \_\_\_\_\_

**Shirt Size:** (circle one) Small Medium Large X-Large 2X-Large 3X-Large

**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**

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

By Mail: Special Olympics Wisconsin  
Summer Games Volunteers  
10224 N Port Washington Road, Mequon, WI 53092

Email: [jstevens@specialolympicswisconsin.org](mailto:jstevens@specialolympicswisconsin.org)  
Fax: (262) 241-5334

**Please see other side to request volunteer job position.**

**WE NEED VOLUNTEERS-CAN YOU HELP US OUT?**

**State Summer Games: June 6-9, 2018 at UW Stevens Point**

**Wednesday, June 6**    ☐ 6:00pm-9:00pm: Power Team, General

---

**Thursday, June 7**    ☐ 12:00pm-5:00pm: Souvenirs  
☐ 12:00pm-3:00pm: Power Team, General Set-up  
☐ 3:30pm-7:00pm: Food Services  
☐ 5:00pm-9:30pm: Security, Opening Ceremony

---

**Friday, June 8**    6:00am-9:30am: Food Services  
☐ 10:30am-2:00pm: Food Services  
☐ 3:30pm-7:00pm: Food Services  
☐ 7:30am-12:00pm: Power Team, Security  
☐ 12:00pm-5:00pm: Power Team; Security  
☐ 6:30pm-10:30pm: Power Team, General, Security  
☐ 9:00am-12:00pm: Track & Field (Staging, Awards, etc)  
☐ 12:00pm-4:30pm: Track & Field (Staging, Awards, etc)  
☐ 8:15am-4:30pm: Swimming

---

**Saturday, June 9**    ☐ 6:00am-9:30am: Food Services  
☐ 7:30am-3:00pm: Power Team, General, Security  
☐ 8:15am-12:30pm: Swimming  
☐ 8:15am-2:30pm: Track & Field (Staging, Awards, etc)  
☐ 8:45am-11:00am: Track & Field (Staging, Awards, etc)

---

**Health conditions that may affect your job assignment:** \_\_\_\_\_

---

**Comments:** \_\_\_\_\_

---

Forms should be returned by **FRIDAY, MAY 25, 2018** to:

By Mail: Special Olympics Wisconsin  
Summer Games Volunteers  
10224 N Port Washington Road, Mequon, WI 53092

Email: [jstevens@specialolympicswisconsin.org](mailto:jstevens@specialolympicswisconsin.org)

Fax: (262) 241-5334

**Once registered, you will receive an email confirmation. You will receive a final email with detailed event and volunteer information no later than Monday, June 4, 2018.**

**QUESTIONS:** For questions about volunteering contact (608) 442-5671.