

SPECIAL OLYMPICS WISCONSIN
SOUTHEASTERN REGION 7
INDIVIDUAL CLASS B VOLUNTEER REGISTRATION FORM



RIDE WITH THE FLAME – JULY 16, 2016

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: (used for communications about volunteer assignments)

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 (driver's 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 a member of a club, volunteer organization, or civic group.
Name of group: _____

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
RIDE WITH THE FLAME – MOTORCYCLE RIDE
JULY 16, 2016
VOLUNTEER REGISTRATION FORM**

RIDE WITH THE FLAME Saturday, July 16, 2016 at House of Harley on Layton – ending at Kellys Bleachers II

All Day

9:00 a.m.

Set up

Registration

Parking attendant

3:30 p.m.

Post Party raffle sales

Post Party silent auction

Souvenir sales

No Preference

Health conditions that may affect your job assignment:

Have you volunteered with Special Olympics before? Yes No

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

By Mail: Special Olympics Wisconsin
Southeastern Region 7
Attn: Brittany Neukirchen
6100 Washington Avenue Ste. E1
Racine, WI 53406

Email: bneukirchen@specialolympicswisconsin.org
Fax: 262-598-9509

Forms should be in by **Friday, July 8; however, late forms are accepted.**

Do you have questions?

For questions about volunteering, contact Brittany at 262-598-9507 or bneukirchen@specialolympicswisconsin.org. You can also check us out on-line to learn more about Special Olympics Wisconsin and Southeastern Region 7 www.specialolympicswisconsin.org

**Once registered, you will receive a volunteer memo 1 week prior to the event with your volunteer assignment listed inside.