



SPECIAL OLYMPICS ILLINOIS CLASS B VOLUNTEER GROUP REGISTRATION FORM

E-67

SO ILL REV. 8-1-11

AREA _____ EVENT Spring Games DATE _____

Section I: All information is required unless indicated optional.

Full Legal Name _____
 Last _____ First _____ Full Middle _____

Mailing Address _____
 Number _____ Street Name _____ Apartment/Suite/Unit _____
 City _____ County _____ State/Zip _____
 () _____

Email Address _____ Phone _____
 () _____
 Day/Evening _____

Are you 18 years of age or older? Yes _____ No _____
 Individuals under the age of 10 are not allowed to volunteer.

Please check this box if you are NOT interested in receiving periodic information/mailings from SOILL
 Please check this box if you are NOT interested in receiving fundraising requests from SOILL

Several companies and organizations ask us to report our annual volunteerism of their members/employees.

Please identify your employer/school/organization: _____

I affirm that the volunteers listed above are in attendance at this event and that I have verified their identities.

Volunteer Signature** _____ Print Full Name _____ Date _____

** I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, film, websites or in any other form, format or media to promote Special Olympics, its mission and to raise funds for Special Olympics;

	PRINT NAME	SIGN NAME	DATE
		** Signature verifies agreement with statement	
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USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY	USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY
Photo ID _____	Number of hours wk _____
Visual ID _____	
Minor - No ID _____	



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Your signature indicates you have read and agreed to the statement above.
(Individuals under the age of 10 are not allowed to volunteer)

	PRINT NAME	SIGN NAME	DATE
		** Signature verifies agreement with statement	
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