



# SPECIAL OLYMPICS ILLINOIS CLASS B VOLUNTEER GROUP REGISTRATION FORM

E-73

SO ILL REV. 8-1-06

AREA \_\_\_\_\_ EVENT \_\_\_\_\_ 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 \_\_\_\_\_  
optional \_\_\_\_\_ 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
		<b>** Signature verifies agreement with statement</b>	
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<b>USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY</b>	<b>USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY</b>
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
		<b>** Signature verifies agreement with statement</b>	
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