



# SPECIAL OLYMPICS ILLINOIS CLASS B VOLUNTEER MEDICAL REGISTRATION FORM

E-72

SO ILL REV. 8-1-06

AREA \_\_\_\_\_ EVENT \_\_\_\_\_ DATE \_\_\_\_\_

**Section I: All information is required.**

Full Legal Name  
 Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

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

Email Address \_\_\_\_\_ optional Phone \_\_\_\_\_ Day/Evening \_\_\_\_\_

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

Qualifications: Athletic Trainer \_\_\_\_\_ EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Nurse \_\_\_\_\_  
 Other \_\_\_\_\_ Please specify \_\_\_\_\_

Are you an IHSA or other certified sports official? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list sport(s): \_\_\_\_\_

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 on annual volunteerism of their members/employees.**

Please identify your employer/school/organization: \_\_\_\_\_

Please check any of the following organizations you belong to:

Knight of Columbus \_\_\_\_\_ Kiwanis \_\_\_\_\_ Ambucs \_\_\_\_\_ Amvets \_\_\_\_\_  
 American Legion/Aux \_\_\_\_\_ Lions \_\_\_\_\_ Rotary \_\_\_\_\_ Jacees \_\_\_\_\_  
 Eagles \_\_\_\_\_ Elks \_\_\_\_\_

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;

Volunteer Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**USE BY SPECIAL OLYMPICS  
ILLINOIS STAFF ONLY**

Number of hours wk \_\_\_\_\_