



SPECIAL OLYMPICS ILLINOIS CLASS B VOLUNTEER REGISTRATION FORM

E-71

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 _____ 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.

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**
Photo ID _____
Visual ID _____
Minor - No ID _____

**USE BY SPECIAL OLYMPICS
ILLINOIS STAFF ONLY**
Number of hours wk _____