

Special Olympics Colorado Class "B" Volunteer Application

Applicant's Name:

First: _____ Middle Initial: _____ Last: _____

Verification of ID: by: _____ or Attached is a copy of driver's license or passport.
Signature of authorized SOCO personnel A copy of photo identification is required if not verified by authorized personnel

Home Address: Please check if new

Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Cell: _____
 Date of Birth : _____
 Preferred Email: _____

Send SOCO Communication to: Home Address Home E-mail Work E-mail

I am affiliated with the following Civic Group: _____

I am affiliated with the following Corporate Sponsor: _____

I am a student at the following school: _____

Complete if you would like volunteer information for a future event. I would like volunteer information for: (select all that apply)

State Competitions:

<input type="checkbox"/> Winter Games	<input type="checkbox"/> Basketball	<input type="checkbox"/> Summer Games
<input type="checkbox"/> Summer Classic	<input type="checkbox"/> Fall Classic	<input type="checkbox"/> Floor Hockey
<input type="checkbox"/> Equestrian		

Area Competitions :

<input type="checkbox"/> High Plains Area	<input type="checkbox"/> Foothills Area	<input type="checkbox"/> Western Area
<input type="checkbox"/> Northeast Area	<input type="checkbox"/> Metro Denver Area	<input type="checkbox"/> Southeast Area
<input type="checkbox"/> Southwest Area		

Other:

<input type="checkbox"/> Public Relations	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Office Support
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Area Management	<input type="checkbox"/> Officiating
<input type="checkbox"/> Games Organizing Committee		

- If you are interested in applying to become a coach, assistant coach, or Unified Sports® Partner please complete a Class "A" Volunteer Application.

- ***I grant Special Olympics Colorado permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.***

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____