



Class “B” Volunteer Application Day of Event Volunteer

Full Legal Name: Mr. Mrs. Ms. Miss

First: _____ **Middle Initial:** _____ **Last:** _____

Verification of ID: by: _____ *Signature of authorized SOCO personnel* **or** Attached is a copy of driver’s license or passport.
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: _____

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:

_____ Winter Games _____ Basketball _____ Summer Games _____ Summer Classic _____ Fall Classic

Area Competitions :

_____ Mile High Area _____ Western Area _____ Northeast Area _____ Denver Metro Area _____ Southeast Area

Other:

_____ Fundraising _____ Office Support
 _____ Officiating _____ *Please indicate day and time*
 _____ Photographer _____ Medical
 _____ Videographer Other: _____
 _____ Area Management

Monday	Tuesday	Wednesday	Thursday	Friday
AM or PM	AM or PM	AM or PM	AM or PM	AM or PM

- 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:** _____

*Application expires 3 years from date of acceptance