



Volunteer Application

Contact Information:

First and Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact:

First and Last Name: _____

Phone: _____ Relationship: _____

Demographic Information:

Date of Birth: _____ Gender: _____

Highest Level of Education: _____ T-Shirt Size: _____

Medical Limitations: _____

Experience:

Are you interested in Coaching Special Olympics? _____

If so, which sports? _____

Are you volunteering as part of a class or service learning requirement? _____

Skills and Interests: _____

Certifications: _____

Are you a professional donating your service? _____

If, so please write your business/service: _____

Consent to Photo Release: Yes No

The above information is true to the best of my knowledge and I give my consent to LEEP to contact me and to conduct any other necessary background checks

Signature: _____ Date: _____