**General Information**

****Date:

First and Last Name:

Office Use Only

Background Check Form

Mailing List

Volunteer Database

Liability Form

Address:

Email Address:

Phone Number:

T-Shirt Size:

Emergency Contact Information:

First and Last Name:

Phone Number:

Relationship:

**Volunteer Interests**

Volunteer Assignment Choices: (*please check as many as you are willing to do)*

Board of Directors Special Olympics -> select sports below

LEEP Legends Night Activities/Special Events

LEEP Elegance/Dances Newsletter preparation/Misc. Office Tasks

Special Olympics Choices: (*please select anything you are comfortable with coaching)*

 Swimming Golf Bowling

Flag Football Bocce Ball Basketball

Softball Track & Field Powerlifting

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 conduct any other necessary background checks.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: