

LEEP Volunteer Application



General Information

Date: _____

Birth Date: _____

First and Last Name: _____

Address: _____

Email Address: _____

Phone Number: _____

T-Shirt Size: _____

Office Use Only

- Background Check Form
- Mailing List
- Volunteer Database
- Liability Form

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)*

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Special Olympics -> select sports below
<input type="checkbox"/> LEEP Legends	<input type="checkbox"/> Night Activities/Special Events
<input type="checkbox"/> LEEP Elegance/Dances	<input type="checkbox"/> Newsletter preparation/Misc. Office Tasks

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

<input type="checkbox"/> Swimming	<input type="checkbox"/> Golf	<input type="checkbox"/> Bowling
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> Powerlifting
<input type="checkbox"/> Softball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Poly Hockey

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: _____