

COLUMBUS SCHOOLS SPECIAL OLYMPICS VOLUNTEER REGISTRATION

SECTION 1

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

SECTION 2

Previous Volunteer Experience: _____

Other information that will help us make a good match (Past Sports, Hobbies, etc):

SECTION 3

I am interested in being an event volunteer.

____ Charity Golf Outing

____ Charity Cash Drop

____ Wreath and Greenery Sale

____ Andrus Family Sports Classic

If you have a particular event you would like to help with that at the Sports Classic please include that here: _____

____ Not sure yet, but please provide me information as opportunities become available.

SECTION 4

I am interested in being a coach or athlete partner (unified sports)

Athletics (Track and Field)

Basketball

Basketball Individual Skills

Bowling

Golf (Unified Partner)

Gymnastics

Powerlifting

Softball

Swimming

Tennis

Volleyball

Not sure yet, but please provide information to me as opportunities become available.

Thank you for your interest.

Please return this form to the office.

It can be scanned in and emailed to jesson@columbus.k12.oh.us.

Or mailed to:

Columbus Schools Special Olympics

3700 S. High St

Columbus, OH 43207