



(OFFICE USE ONLY)

Athlete: _____

Event: _____

NORTHEAST DUPAGE SPECIAL RECREATION ASSOCIATION
1770 WEST CENTENNIAL PLACE
ADDISON, ILLINOIS 60101-1076
(630) 620-4500, fax (630) 620-4598

**2009 SPECIAL OLYMPICS TRACK & FIELD MEET
Volunteer Commitment Form**

Group Affiliation: _____

Welcome to NEDSRA! Your involvement in the Special Olympics program is anticipated with much excitement and pride. It is hoped that you will look forward to your upcoming experience, and NEDSRA will make every effort to help make the day extra special.

Complete BOTH SIDES and return the form by Monday, April 27, 2009. Please review the enclosed information giving details on the meet, and feel free to call if you have questions. We look forward to seeing you at the Volunteer Registration table on May 16th!

Name _____ Phone _____

Address _____ City/Town _____ Zip Code _____

Date of Birth _____ Age _____ Sex _____

Program NEDSRA Local Special Olympics Track & Field Meet

Date May 16, 2009

Day Saturday Location: **Glenbard East High School, Lombard**

Coordinator/Supervisor Beth Corso

T-shirt Size: Medium Large Extra Large XX Large XXX Large

I wish to: Be a Buddy Help with Events Concessions Awards

Note: Lunch is provided for all volunteers!

Please Sign Below

I agree to abide by all NEDSRA policies and guidelines for this program. I understand this is a commitment and not a contract, and that NEDSRA provides liability coverage, but not Workers' Compensation or medical coverage for volunteers.

Volunteer

Date

Guardian Signature (if under 18 years of age)

Date

Return to:

Beth Corso
NEDSRA
1770 W. Centennial Place
Addison IL 60101-1076

PLEASE COMPLETE THE BACKSIDE



CLASS B VOLUNTEER REGISTRATION FORM
(Make additional copies as needed)



Event: _____ Date: _____ Area Area 2

PLEASE PRINT ALL INFORMATION

Name: _____
Last
First
Full Middle Name

Mailing Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____ Phone _____

Are you 18 years of age or older? Yes No *(Individuals under the age of 10 are not allowed to volunteer.)*

Are you an IHSA or other certified sports official? Yes No If yes please list sport(s): _____

Check this box if you are NOT interested in receiving periodic information/mailings from SO ILL.

Check this box if you are NOT interested in receiving fundraising requests from SO ILL.

MANY COMPANIES AND ORGANIZATIONS ASK US TO REPORT ON ANNUAL VOLUNTEERISM OF THEIR MEMBERS/EMPLOYEES

Please identify your employer/school: _____
(Please indicate complete employer/school name)

Please check any of the following organizations you belong to:

KNIGHTS OF COLUMBUS **KIWANIS** **AMBUCS** **AMVETS** **LIONS**
 AMERICAN LEGION/AUXILIARY **ROTARY** **JAYCEES** **EAGLES** **ELKS**

I grant Special Olympics, IL and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, websites, or in any other form/format of media to promote Special Olympics and its mission to raise funds for Special Olympics.

Volunteer's Signature

Date

FOR USE BY EVENT ORGANIZERS ONLY

Please check 1 box

Photo ID
 Visual ID
 Minor – *(No ID)*

FOR OFFICE USE ONLY

Number of Hours Worked _____