SPECIAL OLYMPICS MICHIGAN AREA 36
VOLUNTEER INTEREST FORM

(Please print or type)

Last Name: _____ First Name:_____

Street Address:_____
Number Street Suite/Apt. #

City:_____ State: _____ Zip:_____

Home Phone:(___) _____ Work Phone (___)_____ Cell Phone (___) _____

Email Address:_____

Group/Organization Affiliation: _____

Please check the following areas in which you are interested in volunteering.
Competitive Events:

_____Alpine Skiing	_____Figure Skating	_____Snowboarding
_____Aquatics	_____ Golf	_____ Snowshoeing
_____Athletics	_____Gymnastics	_____ Softball
_____Basketball	_____Horseshoes	_____Speed Skating
_____ Bocce	_____ Motor Activities	_____ Bowling
_____Poly Hockey	_____Volleyball	_____X-Country Skiing
_____Weightlifting/Power Lifting	_____Cycling	_____Soccer

AREA MANAGEMENT TEAM: (Committee member or representative)

_____Area Director	_____PR Committee/Rep	_____Volunteer Committee/Rep
_____Assist Area Director	_____Medical Committee/Rep	_____Training Committee/Rep
_____Fundraising Committee/Rep	_____Competition Committee/Rep	_____ Outreach Committee/Rep
_____Parent/Family Committee/Rep	_____Financial Rep	_____Athlete Rep

OTHER:

_____Transportation	_____Chaperoning	_____Other (please specify)

PLEASE RETURN THIS FORM TO:

Special Olympics Area 36
Nancy Bradbury
425 Lakeshore Blvd.
Marquette, MI 49855
Or email rideonnancy@charter.net