

**Special Olympics Ohio
Class B Volunteer Registration Card**

Directions: Please complete this card in its entirety. Failure to complete this card will result in denial of any volunteer assignment.

Last Name _____ First Name _____

Organization (if with a group) _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Birthdate _____
Month Day Year

Volunteer Signature* _____ Verified _____

By signing this form, I give Special Olympics Ohio my permission to use my likeness, voice, and words in television, radio, film or in any form to promote activities of Special Olympics.

Sport/Event _____

Circle One: T-Shirt size M L XL XXL

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