



SPECIAL OLYMPICS VOLUNTEER INTEREST SURVEY

Please identify yourself: ATHLETE _____ *UNIFIED PARTNER _____
 PARENT/FAMILY MEMBER _____ COACH _____ VOLUNTEER _____

NAME _____ DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE _____ EMAIL _____
 EMPLOYMENT/SCHOOL _____ WORK PHONE _____
 VOLUNTEER POSITION/#Years _____
 EMERGENCY CONTACT _____ PHONE _____

A. What is your interest in sports? (Check all sports you enjoy/or possess knowledge and experience)

- | | | |
|--|---|-------------------------------------|
| Summer Games | Winter Games | Fall Tournament |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Equestrian |
| <input type="checkbox"/> Gymnastics | | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Power Lifting | | |

- G Michael Perry Memorial Softball Tournament
 Unified Sports Golf Tournament

B. I have an interest to volunteer in one of the following ways:

- | | |
|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Training - Games |
| <input type="checkbox"/> Families – Coordinate | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Volunteers - Registration |
| <input type="checkbox"/> Public-Relations – Education | <input type="checkbox"/> Awards/Recognition |
| <input type="checkbox"/> Outreach – Athletes | <input type="checkbox"/> Equipment & Uniforms |

PERSONAL HISTORY

- A. I have/have not been involved in Special Olympics before? If so, how?

- B. Please list any civic or service organizations you belong to:

- C. How did you become interested in Special Olympics?

- D. How and where have you been an athlete, coach or volunteer outside of Special Olympics?

- E. What days of the week are best for you?: _____
 Daytime: _____ Evenings: _____
- E. Please offer a reference from your volunteer experiences:
 Name: _____ City/State: _____
 Phone: _____

**To register, please contact your Area Director, Local Coordinator or
 Special Olympics Wyoming State Office
 232 E. 2nd St., Ste 201, Casper, WY 82601
 (307) 235-3062 or 1-800-735-8345 or Fax (307) 235-3063**