

# SPECIAL OLYMPICS WISCONSIN

## Opening Eyes Volunteer Registration Form

Special Olympics  
Lions Clubs International  
**Opening Eyes®**

### State Indoor Sports Tournament at UW-Oshkosh – April 6, 2019

8:30-10:00am volunteer check-in and orientation

10:00am-5:00pm Opening Eyes venue open (no new athletes after 4:00pm)



#### Personal Information (Items in RED are required fields)

**Name:** \_\_\_\_\_  
Last First (Given) Initial

**Mailing Address Type:** (circle one) Home Work School

**Mailing Address:** \_\_\_\_\_  
Number Street Name Apt.

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Home Mobile

**E-mail:** \_\_\_\_\_

**Professional Credentials/Licensure or Academic major:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Group or Affiliation (check all that apply)

I am a student. Name of school currently attending: \_\_\_\_\_

I am a member of a club, volunteer organization or civic group.

Name of group: \_\_\_\_\_

Have you volunteered with Special Olympics before? Yes No

If yes, what volunteer job did you do? \_\_\_\_\_

#### Release

##### *Please Read Carefully Before Signing:*

I grant Special Olympics Wisconsin permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

If you would like to volunteer please return this form to Dr. Heather Motisi at The Vision Therapy Center at 262-784-9201 or [sowioe@thevtc.com](mailto:sowioe@thevtc.com)

**Special Olympics**  
Wisconsin

