

SportsVision Volunteer Registration Form

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PHONE #: DAY _____ NIGHT _____

BIRTH DATE _____ EMAIL _____

OCCUPATION _____

Place a check mark beside the volunteer opportunities you prefer.

___ Activity Mentor ___ Spotter ___ Event Assistant

___ Media/Publicity ___ Photo/Video ___ Writer

___ Event Leader/Coach ___ Admin Assistant ___ Public Speaker

___ Committee Member ___ Board Member ___ Driver/Escort

Indicate any prior experience that you feel will be useful to you as a SportsVision volunteer.

Give the name and phone number for at least one reference. Also include the relationship or description of how you know this person.

How did you learn about SportsVision?

___ Friend ___ Media ___ Volunteer Match ___ Newsletter ___ Internet

___ Other _____

Please list the days of the week and times you are generally available to volunteer.

Day	Start Time	End Time
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Describe your level of experience interacting with individuals who are visually impaired.
