



Special Olympics – Sioux Falls Fireworks Volunteer Application

Name: _____

Email address: _____

Cell Phone: _____

Specific Volunteer Opportunities, brief description on back (Mark all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> Sports Coordinator | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Coaching/ Assistance Coach | <input type="checkbox"/> Miscellaneous Volunteering |
| <input type="checkbox"/> Play a Sport as Unified Partner* | <input type="checkbox"/> Recruitment Committee |
| <input type="checkbox"/> Logistics Volunteer | <input type="checkbox"/> Uniform Volunteer |
| <input type="checkbox"/> Webmaster Volunteer | <input type="checkbox"/> Equipment Volunteer |

Sports you are interested in (Mark all that apply) (* indicates Unified Sport):

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheer | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Softball* |
| <input type="checkbox"/> Bocce* | <input type="checkbox"/> Traditional Bowling | | <input type="checkbox"/> Unified Bowling* |

Fund Raising Events you would like to volunteer for (Mark all that apply):

- ☐ Pigskin Madness ☐ Annual Golf Classic ☐ General Fundraising

Do you have any specific talents you can share with Sioux Falls Fireworks that are not listed above? (i.e. computer, marketing skills, specific software you are proficient in, etc.)

Volunteer Code of Conduct

- Provide for the general welfare, health and safety of all Special Olympics athletes and volunteers.
- Dress and act in an appropriate manner at all times.
- Follow the established rules and guidelines of Special Olympics and/or any agency involved with Special Olympics.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while involved with any Special Olympics event, competition or training school.
- Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of Special Olympics.

Signature: _____ Date: _____

Email application to fireworks@sosioxford.org or mail application to Special Olympics - Sioux Falls Fireworks, PO Box 90127, Sioux Falls SD 57109. For questions, please text or call 605-336-0240

Internal use: _____ Recruitment _____ Fund Raising _____ Data Infrastructure (add email addr) _____ SD _____ CIV

<u>Volunteer Position</u>	<u>Brief Description</u>
Committee Member	Three year term, attend monthly meetings (3 rd Monday)
Sports Coordinator	Assist Sport Director for a specific sport
Coaching/Assistance Coach	Coaching volunteers are required to complete on-line training
Play Sport as Unified Partner*	Play a sport with the Special Olympics Athletes
Logistics Volunteer	Assist Sport Director with transportation, meals and lodging
Webmaster Volunteer	Maintain Fireworks website
Fund-raising	Assist Fundraising Committee with various events
Chaperone	Chaperone Athletes when staying over-night
Recruitment Committee	Send out welcome packages to new athletes and volunteers
Uniform Volunteer	Keep inventory of uniforms. Passes uniforms out to new athlete
Equipment Volunteer	Maintains Storage Shed. Passes out equipment
Miscellaneous Volunteering	Self explanatory