

**Medical Volunteer Application – SUMMER GAMES**

1. Have you volunteered for Special Olympics before? Yes No

If yes, what event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and what capacity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever worked events as a medical professional in an outreach setting? Yes No

If yes, what event did you work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you be willing to help cover Special Olympic events in the capacity of a Medical Volunteer? Yes No
2. Would you be willing to travel to Peoria or East Peoria to help cover a district or state event? Yes No
3. Would you prefer to stay in Bloomington-Normal only to cover events? Yes No
4. Volunteer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Professional Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Location of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Years in the Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. State of Illinois License to Practice Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Driver’s License Number (for volunteer identification) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Text Call Both Options Best Option\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

**Please send a copy of your professional certification(s) along with this document.**

**Please scan/email this document to Greg Eberle at: geberle@hopedalemc.com**

**Please place an X on the line in which you able to volunteer. You can choose as many shifts as you want.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Special Olympics Medical Volunteer:

* Please keep in mind that our venue assignments may not always be what you request. Our staff will do their best to place you at a requested venue. Our overall goal is to place medical volunteers in locations of need.
* All volunteers will check-in at Illinois State University Main Medical before reporting to a venue.
* Please mark the shift (s) in which you would like to work.

**Friday, June 12**

\_\_\_\_\_\_\_\_\_\_Shift A 11am – 5pm (volunteers needed - 10)

\_\_\_\_\_\_\_\_\_\_Shift B Opening Ceremonies at Illinois State University 7pm – 9:30pm (volunteers needed - 6)

**Saturday, June 13**

\_\_\_\_\_\_\_\_\_\_Shift C 7am – 12pm (volunteers needed - 20)

\_\_\_\_\_\_\_\_\_\_Shift D 12pm – 5pm (volunteers needed – 20)

\_\_\_\_\_\_\_\_\_\_Shift E Dance in Downtown Normal 7pm – 9pm (volunteers needed – 6)

**Sunday, June 14**

\_\_\_\_\_\_\_\_\_\_Shift F 7am – 12pm (volunteers needed - 10)

\_\_\_\_\_\_\_\_\_\_Shift H 7am – 2:30pm (Aquatics at Normal Community West)