



Fireworks Volunteer Application

Name: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

Specific Volunteer Work Interest (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"/> Logistics Volunteer | <input type="checkbox"/> Recruitment Committee |
| <input type="checkbox"/> Webmaster Volunteer | <input type="checkbox"/> Equipment & Uniform Volunteer |

Sports you are interested in (Mark all that apply):

- | | | | |
|-------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Skiing | <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):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Soup Supper | <input type="checkbox"/> St. Patrick's Day Buttons | <input type="checkbox"/> Chuck-a-puck |
| <input type="checkbox"/> Annual Golf Classic | <input type="checkbox"/> Polar Plunge | |

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: _____

Mail application to Sioux Falls Fireworks, PO Box 90127, Sioux Falls SD 57109-0127. For questions, please call 605-336-0240.

Internal use: _____ Recruitment _____ Fund Raising _____ Webpage Monitor (add email addr) _____ SD _____ CIV

Updated Sep 2015