



## **Medical Volunteer Application**

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

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

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

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

3. Would you be willing to help cover Special Olympic events in the capacity of a Medical Volunteer? Yes No

4. Would you be willing to travel to Peoria or East Peoria to help cover a district or state event? Yes No

5. Would you prefer to stay in Bloomington-Normal only to cover events? Yes No

6. Volunteer Name \_\_\_\_\_

7. Professional Title \_\_\_\_\_

8. Location of Employment \_\_\_\_\_

9. Credentials \_\_\_\_\_

10. Years in the Profession \_\_\_\_\_

11. State of Illinois License to Practice Number \_\_\_\_\_

12. Driver's License Number (for volunteer identification) \_\_\_\_\_

13. Phone Number \_\_\_\_\_

14. Text Call Both Options Best Option \_\_\_\_\_

15. Email Address \_\_\_\_\_

16. Address \_\_\_\_\_

17. City \_\_\_\_\_ Zip \_\_\_\_\_

**Please scan this document to Greg Eberle at: [specialolympicmedical@gmail.com](mailto:specialolympicmedical@gmail.com)**