

2017 Special Olympics Pennsylvania Summer Games ATHLETIC TRAINER VOLUNTEER FORM

Name: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____

Status: Please check appropriate box

Athletic Trainer: License #: _____

Physician/Fellow/Resident: License #: _____

Athletic Training Student: College/University: _____
Academic Year by June, 2017: _____

****We will give assignments on a first come, first served basis until all spots are filled****

Further information and instructions will be emailed to you after receipt of your application.

****Please make sure you have filled out the top portion of the form****

AVAILABILITY: Please check dates and sessions when you are able to volunteer:

	MORNING	AFTERNOON	EVENING
Thursday, June 1 st	<i>NO EVENTS</i>		
Friday, June 2 nd			
Saturday, June 3 rd			

ROOM & BOARD: Room and board for athletic training volunteers will be provided at Penn State University. Please check the nights that you will need a room.

Thursday, June 1st: _____

Friday, June 2nd: _____

Please specify roommate requests or specific lodging & assignment requests, if necessary:

Roommate Request: _____

Lodging/Assignment Request: _____

Please return application by May 1st, 2017 to:
Jayme Galdieri at jdgaldieri@geisinger.edu