



CLASS A VOLUNTEER/CVO PROFILE

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMPLOYER: _____

DOES YOUR EMPLOYER HAVE A MATCHING GIFT PROGRAM? YES NO

CONTACT PERSON: _____ PHONE: _____

PLEASE SHARE WITH US ANY SKILLS YOU MAY HAVE THAT MAY BE HELPFUL TO OUR ORGANIZATION (carpentry, sewing, electrical, baking, typing):

Please mail completed profile along with the page/screen you printed verifying completion of your online protective behaviors training, and your old CVO ID card to Special Olympics Indiana-Ripley Ohio Dearborn Counties, 429 Manchester Street, Aurora, IN 47001. Upon receipt a new CVO ID card will be issued and mailed to you.