



Volunteer Sign Up

Please Provide The Following Information:

Registration form with fields for First Name, Last Name, Phone#, Alternate Phone#, Gender, Address, City, State, Zip, and E-Mail Address.

The Ohio Wheelchair Sports Association Liability and Media Release

Legal disclaimer text regarding liability and media release for participants.

Signature (Volunteer) and Date fields.

PLEASE INDICATE THE FOLLOWING INFORMATION

Shirt Size: < S > < M > < L > < XL > < XXL > < XXXL >
Have you previously volunteered for the games ? Yes No

List the events and the hours for which you are available:

For OWG Use Only:

Table with columns for Event, Date, and Hours.

Mail To: OWSA P.O Box 14308 Columbus Ohio 43214