Special Olympics Iowa Coach/Volunteer Roster

Delegation Name (local program) _____ Delegation Manager _____

Email _____ Cell Phone Number_____ and / or Other Phone Number _____

Coach/Volunteer Name	Birthdate	Role*	Sport*	Coach/Volunteer Name	Birthdate	Role*	Sport*

Please list anyone attending a Special Olympics Iowa competition in any of the roles listed down below. Each team is allowed to register one Class A credentialed volunteer for every three athletes on their active roster. It is the responsibility of the Delegation Manager to share information and updates with all other coaches, volunteers and the family members of the athletes on their roster.
Anyone listed on this roster must have a current Class A certification in order to attend any Special Olympics Iowa competition.

Please indicate the role of the volunteer being registered using the following	Please indicate the sport of the volunteer being registered using the following			
DM = Delegation Manager	AS = Alpine Skiing	BW = Bowling	GF = Golf	SOCS= Soccer Skills
HC = Head Coach (for this sport)	AQ = Aquatics	CHE = Cheerleading	GYM = Gymnastics	SBS = Softball Skills
AC = Assistant Coach (for this sport)	AT = Athletics	CCS = Cross Country Skiing	ISK = Ice Skating	SBT = Softball Team
CH = Chaperone (not assigned to a specific sport or athlete)	BBS = Basketball Skills	CYC = Cycling	PL = Powerlifting	TN = Tennis
1:1 = One on One support for a specific athlete	BBT = Basketball Team	EQ = Equestrian	SS = Snowshoe	VB = Volleyball
SW = Side Walker (for equestrian only)	BOC = Bocce	FF = Flag Football	SOCT = Soccer Team	