LAW ENFORCEMENT TORCHRUN® FOR SPECIAL OLYMPICS PENNSYLVANIA

VOLUNTEER REQUEST FORM



• To ensure we are being respectful of the Law Enforcement Torch Run Committee and Volunteers' time, requests for support will be sent quarterly. Requests for the year may be submitted all at once.

• In the event that you have an unexpected need, please contact Carrie Hucker or Demika Poole no later than 60 days prior to the event. If your request is submitted after 60 days, we will try our best to accommodate, but are unable to guarantee support.

• Forms returned incomplete will be returned. If you are unable to answer a question, please give an explanation.

• If your request has been fulfilled, you will be contacted by Carrie Hucker, Demika Poole, or a member of our Law Enforcement Torch Run Committee. If we are unable to secure support, you will be notified 15 days prior to your event.

• Please note that many of the Law Enforcement Torch Run volunteers are current and active members of law enforcement. As a result, officers are subject to unexpected schedule changes or emergencies, which may interfere with plans to support your event. In this case, we will do our best to secure a replacement volunteer, but cannot guarantee one. Please always have a Special Olympics PA volunteer available to step-in if possible.

General Information Program or State Event Requesting Support:

Event:		Event Date:	
Event Location: Address:			
City:		Zip Code:	
Day of Contact Information: Name:			
Title:			
Cell Phone:	Email:		

Do you have access to your email on your phone? And if so, can you be contacted event day by email? □YES or □NO

How should the LETR Member reach you once they arrive?

Name of contact responsible for contacting the officer prior to the event and in the event of a cancelation (please ensure that the officer is UTD on any delays, cancelations.....we would request no less than one hours notice) Contact Name: ______ Email: ______

Phone Number:



Find out more about LETR, visit www.specialolympicspa.org/LETR

Day of Details

What specific volunteer job are you requesting of the LETR Volunteer?

Opening Ceremonies Time frame (arriving 15 min	prior to the start):	□am/□pm to	□am/□pm
			-
Award Ceremonies Time frame (arriving 15 min	prior to the start):	□am/□pm to	□am/□pm
Other: Time frame (arriving 15 min	prior to the start):	□am/□pm to	□am/□pm
Event Information	ors □Outdoors	□Both	
Is there a rain date? □YES or		If Yes, when:	
Should the LETR Volunteer of If Yes, what attire?		R clothing? (choose one)	□YES or □NO
Are you requesting any vehic If Yes, please explain:		-	yed at your event? □YES or □NO
Additional Details Total Number of Athletes Pa	rticipating:	_	
Will a table be available for I	ETR Information to be	e handed out? □YES o	r⊡NO
Is there an Athlete and Volu	nteer who could help r	man this table? □YES o	r⊡NO
exhibition, etc? Is this a fu	ndraiser?)		this a competition, scrimmage,
Event Website (for more det	ails):		
Any additional details:			
Please review the attached list ar	nd return the form to the o	designated LETR Liaison b	elow:
	Event Manager	LETR Liaison Special	
	200 Cedar Ridge	Drive, Suite 214	

Event Manager 200 Cedar Ridge Drive, Suite 214 Pittsburgh, PA 15205 724.375.7515 X249 (O) 724.375.9183 (F) chucker@specialolympicspa.org

