



Certificate of Appreciation

Presented to

[NAME]

With deep gratitude and appreciation for your participation as a volunteer during the Special Olympics Special Smiles Screening Event

[Location] on [Date],

and for your willingness to support

Special Olympics [Program Name] athletes.

|  |  |  |
| --- | --- | --- |
| **[Signature]**Program Health Staff |  | **[Signature]**Program Chief Executive Officer |