

Special Olympics Inc.
CLASS A
VOLUNTEER APPLICATION FORM
 For Use By Special Olympics Maine

"A" volunteers are involved *with* Special Olympics athletes on a regular, personal basis. "A" volunteers fill roles such as coaches, chaperones, drivers, local program coordinators and Unified Sports® partners. Most local program volunteers require "A" volunteer status. This application to be an "A" volunteer must be completed and submitted to *SOME* prior to participation in an "A" category role. *Both* sides of *this* application must be completed.

In addition to this form, ALL Class A volunteers must now complete a mandatory and very easy online "Protective Behaviors" course. Go to (www.specialolympics.org/protectivebehaviors).

Part I – General Information – ALL information is required unless indicated as optional (Please Print)

Last/Family Name:		
First/Given Name:	Middle Name:	
Address:		
City:	State/Province:	
Postal Code:	Country:	
E-mail: (optional):		
Daytime Phone:	Evening Phone:	
Employer/School:		
Occupation:		
Emergency contact:	Emergency Phone:	
Social Security No:		
Birth date (mm/dd/yy):	Gender:	Male Female
Driver's License Number:		

TEAM NAME of group you volunteer with: _____

Part II – Background Information Please answer the following questions:

Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No

If you answered YES to any of the above please explain (use additional sheets of paper if necessary): _____

Part III – Additional Information

Please list two references who are not related to you:	
1. Name: _____	
Complete Address: _____	
Home Phone Number: () _____	Work Phone Number: () _____
2. Name: _____	
Complete Address: _____	
Home Phone Number: () _____	Work Phone Number: () _____
By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.	

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Maine may refuse to allow me to volunteer if I provided any incorrect information or omission.

In consideration of Special Olympics Maine considering my application, I give my permission for Special Olympics Maine to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with Special Olympics Maine and that as long as I remain a volunteer with Special Olympics Maine, the criminal history records check and motor vehicle driving records check may be repeated at any time. If my application is denied, upon request I will have an opportunity to review criminal history and motor vehicle driving records obtained by Special Olympics Maine.

I WAIVE, RELEASE AND DISCHARGE Special Olympics Maine, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with Special Olympics Maine conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Maine or at my option and that Special Olympics Maine may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Maine and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Maine and Special Olympics, Inc.'s Website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

***IMPORTANTNOTE.** Your Social Security number shall be used for no purpose other than to make the process of conducting a background search accurate. Your Social Security number will not be stored in any database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background*

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

Volunteer's Signature: _____

Date: _____

Signature of Parent or Guardian if Volunteer is a Minor _____ Date _____

Print Full Name of Parent or Guardian _____

