



**Special Olympics Inc's**  
**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.*

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

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

**TEAM NAME** of group you volunteer with: \_\_\_\_\_

**Part II – Background Information**      Please answer the following questions:

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

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

**Part III – Additional Information**

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

***IMPORTANT NOTE:*** *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 check.*

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.

*I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.*

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name of Parent or Guardian \_\_\_\_\_

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