

Special Olympics Connecticut, Inc.
CLASS "A" VOLUNTEER APPLICATION

PART I - GENERAL INFORMATION *(Please use ink and PRINT all information)*

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 MAILING ADDRESS (No P.O. Boxes): _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: (DAY) _____ (EVENING) _____ BIRTH DATE _____ (required)
 EMPLOYER/SCHOOL/ORGANIZATION: _____ OCCUPATION: _____
 SOCIAL SECURITY NUMBER: _____ - _____ - _____ (required for background check, this information is confidential)

PART II - PROTECTIVE BEHAVIORS (must be completed every 3 years at www.specialolympics.org/protectivebehaviors) **Yes No**

Have you completed the protective behaviors program?
 Date Completed ____/____/____

PART III - VOLUNTEER DUTIES *Please check all that apply to your status with SOCT*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> COACHING | <input type="checkbox"/> FINANCE | <input type="checkbox"/> MEDICAL SERVICES | <input type="checkbox"/> VOLUNTEER MANAGEMENT |
| <input type="checkbox"/> GAMES DIRECTOR | <input type="checkbox"/> DEVELOPMENT | <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> LOCAL PROGRAM COMMITTEE |
| <input type="checkbox"/> SOCT BOARD MEMBER | <input type="checkbox"/> SPORTS MANAGEMENT | <input type="checkbox"/> OVERNIGHT CHAPERONE | <input type="checkbox"/> LOCAL COORDINATOR |
| <input type="checkbox"/> UNIFIED SPORTS ® PARTNER | <input type="checkbox"/> OTHER _____ | | |

If you checked Coaching, Sports Management or Unified Sports ® Partner, please indicate the sports in which you are currently or planning on participating:

Please indicate your availability: Weekdays Weeknights Weekends Town/City: _____

Indicate the Local Program that you're a part of: Local (required) _____

PART IV - BACKGROUND INFORMATION *(This section MUST be completed. All information is confidential.)*

	Yes	No
Do you use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with neglect, abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>
Has your drivers' license ever been suspended or revoked in any State?	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered "yes" to any of the above questions, please attach a written explanation.)

If you currently transport athletes, drive other vehicles for SOCT, or may do so in the future, you must provide driver's license information, if not please leave this blank

Do you have a valid driver's license? Yes No If yes, License Number _____ State Issued _____

Please list two non-family member references below: *(Please list complete address)*

Name	Mailing Address	State	Zip	Phone #
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I understand that:

- * The information that I have provided may be verified by a background check, a motor vehicle record check, or any other means deemed appropriate, and I give permission to Special Olympics Connecticut to make inquiry of others concerning my suitability to act as a Special Olympics Connecticut volunteer.
- * The relationship between Special Olympics Connecticut and volunteers is an "at will" arrangement, and this application may be denied or the relationship may be terminated for any reason.
- * In the course of volunteering for Special Olympics Connecticut, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- * I grant Special Olympics Connecticut permission to use my likeness, voice, and words in television, radio, or in any form to promote activities of Special Olympics Connecticut.
- * I affirm that I have read the above and that the information I have given is true and complete.

SIGNATURE: _____ DATE _____

The signature below reflects verification that the above applicant is who they say they are; this signature also implies that I have checked photo identification for the applicant. I also verify that the person has provided the correct current address. This signature **must be completed** prior to handing the form to the SOCT State office.

LOCAL COORDINATOR'S/COACH'S VERIFICATION SIGNATURE _____ (required)