



Special Olympics Connecticut, Inc.

MINOR - CLASS "A" VOLUNTEER APPLICATION (Age 17 and below)

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: EMAIL: LENGTH OF TIME AT CURRENT ADDRESS: PHONE: (HOME) (CELL) BIRTH DATE (required)

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

COACHING FINANCE MEDICAL SERVICES VOLUNTEER MANAGEMENT GAMES DIRECTOR DEVELOPMENT PUBLIC RELATIONS LOCAL PROGRAM COMMITTEE SOCT BOARD MEMBER SPORTS MANAGEMENT OVERNIGHT CHAPERONE LOCAL COORDINATOR UNIFIED SPORTS @ PARTNER OTHER

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

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

Do you use an illegal drug that would affect your ability to perform any of the duties listed above? Yes No Have you ever been convicted of a crime? Yes No Have you ever been reported to the Department of Children and Families or a comparable child welfare agency with a finding of abuse or neglect against you? Yes No Has your drivers' license ever been suspended or revoked as a result of a moving violation in any state? Yes No

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

PART IV - DRIVER'S LICENSE INFORMATION

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

PART V - REFERENCES (Please list two non-family member references)

LAST NAME: FIRST NAME: MIDDLE NAME: ADDRESS: RELATIONSHIP: CITY: STATE: ZIP: EMAIL: PHONE: (Repeat for second reference)

I understand that:

- * The information that I have provided may be verified by a background check, a motor vehicle record check, sex offender registry, child abuse/neglect registry, or any other means deemed appropriate, and I give permission to Special Olympics Connecticut, Inc. or Special Olympics, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Connecticut, Inc. or Special Olympics, Inc. volunteer. * The relationship between Special Olympics Connecticut, Inc. or Special Olympics, Inc. 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, Inc. or Special Olympics, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence. * I grant Special Olympics Connecticut, Inc. or Special Olympics, Inc. 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