



Special Olympics Connecticut, Inc.

## ADULT - CLASS "A" VOLUNTEER APPLICATION (Age 18 and above)

### 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)

EMPLOYER/SCHOOL/ORGANIZATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (required for background check, this information is confidential)

### PART II - PROTECTIVE BEHAVIORS

*(Aged 18 and above - 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*

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

**Yes No**

Do you use an illegal drug that would affect your ability to perform any of the duties listed above?.....

Have you ever been convicted of a crime? .....

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?.....

Has your drivers' license ever been suspended or revoked as a result of a moving violation in any state?.....

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

### PART V - 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 \_\_\_\_\_

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, 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 \_\_\_\_\_