



SPECIAL OLYMPICS IDAHO
VOLUNTEER REGISTRATION APPLICATION

Office Use Only:
FP OK
DL OK

SECTION I: Please Print

Name: Mr/Mrs/Ms/Dr
(Circle One)

Mailing Address:

Form fields for personal information: Last Name, First Name, Middle Initial, Number, Street, Apartment Number, City, State, Zip Code, Phone (Daytime), Phone (Evening), Best Time to Call, Date of Birth, Social Security Number, Driver's License Number

Team Information:

Form fields for team information: Area, Team Name, Position (LPC, Coach, AMT, GMT, Other), Sport

Employment Information:

Form fields for employment information: Occupation, Employer/School Name

Employer Address:

Form fields for employer address: Number, Street, City, State, Zip Code

E-mail Address:

E-mail address input field

IN ORDER TO PROCESS THIS APPLICATION, WE NEED :

A legible photocopy of your driver's license or, if you don't drive, any form of photo identification card. (Please attach to application)

If you have not lived in Idaho for at least 3 years, please list the state of your previous residence:

Have you volunteered for Special Olympics before? If yes, where and in what capacity?

SECTION II:

- 1) Do you use illegal drugs? Yes/No
2) Have you ever been convicted of a criminal offense? Yes/No
3) Have you ever been charged with neglect, abuse or assault? Yes/No
4) Has your driver's license ever been suspended or revoked in any state? Yes/No

List 2 non-family references:

Table with 3 columns: Name, Relationship, Address and Phone Number. Contains two rows for references.

In the event of an emergency, contact: Name, Relationship, Phone

SECTION III :PLEASE READ BEFORE SIGNING: I understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer including a check of criminal history and driver's license record. In addition, I give Special Olympics Idaho permission to receive any information maintained by the Idaho Bureau of Criminal Identification.
In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
The relationship between Special Olympics and volunteers is an "at will" agreement, and may be terminated at any time without cause by either the volunteer or Special Olympics.
It is my responsibility to update the information on this form as needed.
I grant Special Olympics permission to use my likeness, voice and words in television, radio, film, or in any other form to promote activities of Special Olympics.

I affirm that I have read all the above and that the information I have given is true and complete.

Signed: Date: