

Special Olympics Tennessee

Class A - Volunteer Application/Screening

Please Complete All Information

Area Program # : _____

_____ [] Male [] Female
Last Name First Name Initial Gender

Street Address _____

City State Zip Code

Email Address: _____

Phone Numbers: Daytime (_____) - _____ Evening (_____) - _____
Cell # (_____) - _____ Fax # (_____) - _____

Occupation: _____

Present Employer: _____ Employer's Ph # _____

Employer's Address: _____
Street Address
City State Zip Code

Emergency Contact Information:

Name Relationship
Phone (Daytime) Phone (Evening)

Background Screening Information – All information is required

Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/year): ____/____/____

Drivers License # _____ State Issued _____ Expiration Date _____

Volunteer Role (Circle all that apply): Area Director; Area Management Team Member; Athletes Leadership Program; Best Buddies Program; Board Member; Bus Driver; Chaperone; Coach; Event Committee Member; Official; Sport Management Team; Sports Partner; Unified Partner; Other _____

Do you use illegal drugs? [] YES [] NO

Have you ever been convicted of a criminal offense? [] YES [] NO
If you answered yes, please explain offense _____

Have you ever been charged with neglect, abuse, or assault? [] YES [] NO
If you answered yes, please explain charges _____

Have you ever been charged with a DUI? [] YES [] NO
If yes, how many times _____

Have you ever had your license suspended or revoked in any state? [] YES [] NO
If you answered yes, please explain why _____

I acknowledge that I am subject to a background check prior to being accepted as a volunteer in good standing. I understand that the information I have provided will be used in a background screening. I understand that 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. As a volunteer in good standing for Special Olympics Tennessee, I understand that my likeness, voice, and words may be used in any and all media formats, including web sites, to promote Special Olympics.

I affirm that I understand the above information and that all information submitted is true and complete.

Signature: _____ Date: _____