



Name: \_\_\_\_\_  
Last First Middle Initial

## section c: certifications & licenses

- Adaptive Physical Education       CPR       First Aid       Lifeguard       Sign Language  
 Other sports-related certifications: \_\_\_\_\_

## section d: background information

**Yes**    **No**

- Do you currently use illegal drugs?  
  Have you ever been convicted of a criminal offense?  
  Have you ever been charged with neglect, abuse or assault?  
  Has your driver's license ever been suspended or revoked in any state in the past five years?  
  Do you have any physical or medical limitations that need to be taken into account in order to place you successfully?

Indicate: \_\_\_\_\_

### PLEASE READ AND UNDERSTAND THE POINTS BELOW BEFORE SIGNING:

I understand that:

- ◆ The information that I have provided will be verified, and I give permission to Special Olympics Minnesota to make an inquiry of others concerning my suitability to act as a Special Olympics volunteer.
- ◆ I am required to provide a copy of a government-issued photo identification attached to this Volunteer Application and prior to each competition and/or special event at which I am volunteering.
- ◆ I hereby authorize any person to release any information about me concerning my suitability to act as a Special Olympics volunteer as such person deems relevant in his or her sole discretion.
- ◆ I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for most types of volunteer work with this organization.

I also 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.
- ◆ In the course of volunteering for Special Olympics, I may be dealing with vulnerable people and will be held to strict parameters of interaction with them.
- ◆ The relationship between Special Olympics and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics.
- ◆ I grant Special Olympics permission to use my likeness, voice and words in television, radio, film, or in any form to promote activities of Special Olympics.

I affirm that I have read and understand the above information and that the information I have given Special Olympics Minnesota is true and complete. I am providing my social security number and driver's license number so that appropriate background checks can be initiated to help determine my suitability for appropriate volunteer assignments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

SSN: \_\_\_\_\_ Driver's License ID #: \_\_\_\_\_  
(Required for background check)

- I am age 18 or over and have attached a copy of a government-issued identification card with photo.  
**Or:**  
 I am age 17 or under and have attached two reference letters as outlined in Section B of this form.

### Please return completed form and required attachments to:

Special Olympics Minnesota (612) 604-1274  
100 Washington Avenue South, Suite 550 (800) 783-7732, ext. 274  
Minneapolis, MN 55401 Fax: (612) 333-8782

### You can also reach us at:

E-mail: [volunteers@somn.org](mailto:volunteers@somn.org)  
Web site: [www.specialolympicsminnesota.org](http://www.specialolympicsminnesota.org)