



Special Olympics Oregon

Class A Volunteer Application for Adults

Please Return To:

Please Print Clearly

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PERSONAL INFO

→

Last Name Legal First Name (Put nickname in parenthesis) Middle Name

Previous Last Names (list all)

Street Address Apt. # County

City State Zip

Date of Birth Social Security # (Required for background check. Kept confidential.)

Gender: Male Female

Email

() Home Phone () Work Phone () Cell Phone

Employer Name Occupation

Street Address

City State Zip

In the event of an emergency, please contact:

| Name (First & Last) | Relationship | Phone |
|---------------------|--------------|-------|
| | | |

SCREENING

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

If you answered "Yes" to any of the above questions, please explain below:

REFERENCES

List 2 non-family references:

- Name (First & Last) Relationship Phone
- Name (First & Last) Relationship Phone

Over for page 2



No individual is allowed to volunteer until approved by Special Olympics Oregon. A criminal background check will be conducted every 3 years to renew your volunteer approval.

You must sign on page 2.

INTERESTS

Volunteer Opportunities Please check the categories you are interested in:

SPORTS TRAINING (Coach, Chaperone, Unified Partner)

- Work directly with athletes to improve their skills. Requires a commitment to weekly practices for 10-12 weeks and to attend competitions (over night stay may be required).

Check sport(s) of interest: Alpine Skiing Aquatics Athletics (Track and Field) Basketball Bocce Bowling
 Cross County Skiing Golf Gymnastics Long Distance Running Powerlifting
 Snowboarding Snowshoeing Soccer Softball Volleyball

LOCAL PROGRAM COMMITTEE INVOLVEMENT

- The Local Volunteer Committee is responsible for the operations of its local Special Olympics sports program. This committee raises the funds to finance the program, approves expenses, secures practice venues, recruits volunteer coaches and makes all decisions affecting their local program.
- Examples of possible sub-committees: fundraising, sports management, athlete database management, volunteer database management, public relations and finances.

I am interested in helping at State fundraising events, such as The Bite, Trail Blazers Street Jam, etc.

I am interested in helping at State competitions, such as the Summer Games, Fall Games and/or Winter Games.

CONSENT AND WAIVER OF LIABILITY

Please Read Carefully and Sign Below

I understand that I will not be approved as a Class A volunteer until:

- I have passed a criminal background check.
- I have completed Special Olympics Oregon General Orientation and Protective Behaviors trainings and quizzes. Go to our website: www.soor.org ... Click on the red "Volunteer" button in the upper right ... Click on "General Orientation & Quiz" on the right side of the page.

If approved as a Class A volunteer I agree to the following:

- I grant Special Olympics Oregon permission to send me correspondence and notifications.
- I will abide by the rules and policies of Special Olympics Oregon.
- I will exhibit good sportsmanship and be a positive role model.
- I will refrain from and prohibit physical and verbal abuse, profanity and other inappropriate behavior.
- I will refrain from and prohibit the use of alcohol, illegal drugs, pornographic materials and controlled substances while acting in a volunteer capacity for Special Olympics Oregon. (Tobacco in restricted areas.)
- I will guarantee adequate supervision of athletes at all times to assure their safety.
- I will refrain from engaging in a romantic or sexual relationship with any athlete registered or participating with Special Olympics Oregon.

I understand that:

- The information I have provided may be verified, and I give permission to Special Olympics Oregon, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Oregon volunteer.
- In the course of volunteering for Special Olympics Oregon, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics Oregon and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics Oregon.
- I grant Special Olympics Oregon permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

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

Signature _____

Date _____

OFFICE USE

LOCAL PROGRAM:

Photo ID checked → By: _____ Type: _____ Exp Date: _____ State: _____

Entered in VCMS: Date: _____ By: _____ LP#: _____

PORTLAND OFFICE: Date Received _____

BACKGROUND CHECK: Date Completed: _____ By: _____ ELIGIBLE INELIGIBLE

Restrictions:

ASSIGNED: Date _____ By _____