

SPECIAL OLYMPICS OHIO ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr.			
	last name	first name	middle name
Mailing Address:			
	number	street	apt.
	city	county	state zip
Date of Birth:	_____		
Phone (day):	_____	when to call	_____
Phone (evening):	_____	when to call	_____
Occupation:	_____		
Employer/School Name:	_____		
	number	street	
	city	county	state zip
Social Security Number*	_____	Drivers License Number	_____ Other - Indicate
What is the name of the Local Special Olympics Organization you will volunteer with?			

IMPORTANT NOTE: Your Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate.

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, assault?	yes _____	no _____
4. Has your driver's license ever been suspended or revoked in any state?	yes _____	no _____
If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.		

List 2 non-family references:		
Name	Relationship	Address & Phone Number

THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURED AREA
{Please turn over and complete}

PLEASE READ BEFORE SIGNING

I understand that:

*I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Ohio ("SOO"), IntelliCorp and/or Securint, their agents, or any other authorized third parties (collectively, "the Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

*I understand that SOO may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOO, or if SOO chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

*I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOO and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

*I expressly grant permission to Special Olympics to conduct a criminal background and other background record check as a condition of my volunteering with Special Olympics and understand that the background check will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult "A" Volunteer status.

*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" arrangement and that 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 hereby agree to supplement my responses in this application should there be any additional information or should my answers to these questions change at any time that I act as a volunteer on behalf of Special Olympics;

*I agree to assume all risks which may be associated with my acting as a volunteer for Special Olympics and waive all claims or causes of action of any nature against Special Olympics, their agents or assigns which may arise out of my acting as a volunteer. I hereby release and agree to indemnify and hold harmless Special Olympics, their agents or assigns, from any liability or responsibility for any damage or loss of any kind whatsoever which may arise in the consideration of this application to act as a volunteer or consistent with my actions as a volunteer should this application be approved;

***SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.**

I hereby certify that the above responses are true and accurate and I understand the condition herein.

Signed: _____

Date: _____