



## VOLUNTEER REGISTRATION FORM-CLASS A

### Part I – General Information

**ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL (Please Print)**

Last Name:	First Name:	Middle Name:
Address:		
City:	County:	State:      Zip Code:
Social Security No:		
Birth date (mm/dd/yy):	Gender:	Male      Female
Daytime Phone: (    )	Evening Phone: (    )	Email:
Employer/School:	Occupation:	
Emergency contact:	Emergency Phone: (    )	

### Part II – Background Information

Please answer the following questions:

Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes*	No
*If yes, please provide: Driver's license number _____ State issued _____		
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
Have you ever applied to, volunteered, participated as a Special Olympics athlete or been employed by any Special Olympics organization?	Yes	No
If you answered YES to any of the above please explain (use additional sheets of paper if necessary):		

### Part III – Additional Information

**Please list two references 18 years of age or older who are not related to you (for volunteers under 18 years of age):**

1. Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Home Phone Number: (    ) \_\_\_\_\_ Work Phone Number: (    ) \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_

By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.

(over)

**Please read the following:**

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics North Dakota permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics North Dakota and volunteers is an "at will" arrangement and that I may be terminated at any time, without cause, by Special Olympics North Dakota.
- I will notify Special Olympics North Dakota of any change to the information I have provided on this application within 90 days of occurrence.

**AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics North Dakota (SOND), General Information Services, Inc., their agents, assigns or any other authorized third parties (collectively, "the Investigators") **and/or** local and state law enforcement agencies 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").

I understand that SOND may rely on any part or all of this information in determining whether to extend an offer of volunteer duties to me. I further understand that if any adverse action is taken by SOND or if SOND 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.

I have read this ADULT CLASS A VOLUNTEER APPLICATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization, and I hereby authorize the investigators to receive my criminal record(s).

I understand that the background check as described above will be conducted again on or after the cycle date of this application and every cycle period thereafter unless I am no longer seeking Adult Class A Volunteer status, in which case I will notify Special Olympics North Dakota.

Special Olympics North Dakota may refuse to allow me to volunteer if I provided any incorrect information or omission.

**I WAIVE, RELEASE AND DISCHARGE** Special Olympics North Dakota, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with Special Olympics North Dakota conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics North Dakota or at my option and that Special Olympics North Dakota may, in its sole discretion, decline to accept my application for volunteer with or without cause.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name of Parent or Guardian \_\_\_\_\_

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Protective Behaviors Training completed \_\_\_\_ yes \_\_\_\_ no Date \_\_\_\_\_

General Orientation completed \_\_\_\_ yes \_\_\_\_ no Date \_\_\_\_\_

ID check completed \_\_\_\_ yes \_\_\_\_ no Initials \_\_\_\_\_

Background check: \_\_\_\_ Declined \_\_\_\_ Approved Class A Date \_\_\_\_\_ Initials \_\_\_\_\_