

# Special Olympics Tennessee

## Class A - Volunteer Application/Screening

8-05-2008

### Please Complete All Information

Area Program # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

(xxx) xxx-xxxx Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Employers Ph #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### **Background Screening Information – All Information is required**

Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Volunteer Role:  
(Check All That Apply)  Area Director  Area Mgmt Team  Athlete Leadership Program  Best Buddies Program  Board Member  Bus Driver  
 Chaperone  Coach  Event Committee Member  Official  Sport Mgmt. Team  Sports/Unified Partner  Area Director

Other: \_\_\_\_\_

Do you use illegal Drugs?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

If Answered yes, please explain offense: \_\_\_\_\_

Have you ever been charged with neglect, abuse, or assault?  Yes  No

If 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 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: \_\_\_\_\_