Volunteer Information/Application

Special Olympics
Oregon

Name: _____
Last   First   Middle Initial

_____
Street Address   Apt. #   County

_____
City   ST   ZIP

Date of Birth: _____   Social Security #: _____ **email** _____

Phone: Day_____   Evening_____ Can you be contacted at work? YES   NO

Employer/ School Name: _____ Occupation: _____

_____
Street Address

_____
City   ST   ZIP

If you are volunteering as part of a company or group volunteer program, specify the group: _____

In the event of an emergency, please contact: _____
Name   Phone   Relationship

1. **Do you use illegal drugs?**   Yes_____   No_____
2. **Have you ever been convicted of a criminal offense?**   Yes_____ Date_____ No_____
3. **Have you ever been charged with neglect, abuse or assault?**   Yes_____ Date_____ No_____
4. **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 attach a written explanation.

List 2 non-family references:
Name   Relationship   Address or Phone

1. _____

2. _____

Please Read Before Signing:
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 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 any form to promote activities of Special Olympics.

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

Signed_____   **Date**_____

Parent Signature_____   **Date**_____
(If volunteer is under 18)

For Office Use Only:
#_____ #_____
Driver's License   Student ID
#_____
Other (indicate)

_____
Signature of S.O. Representative   Date

Coach: YES   NO
Sport(s): _____

FOR OFFICE USE ONLY

Date REC'D:_____ Date Contacted:_____

Date Entered:_____