Office Use Only
BG Screening _____/_____/____
Initials _____

Special Olympics North Carolina

Volunteer Registration Application

(Bold fields are required)

Select One: Mr./Mrs./Ms. ________
First M Initial Last

Mailing Address _____
Number Street Apt.

_____
City County State Zip

Phone: Home (_____)_____ Work (_____)_____ Mobile (_____)_____

Date of birth: _____/_____/_____ **Social Security #** _____ - _____ - _____

Email _____ **Occupation** _____

Employer Name/Address: _____

Are you a family member of a Special Olympics athlete? Yes ____ No _____ If yes, what relation? _____

Do you know someone with intellectual disabilities who is not involved in Special Olympics? Yes _____ No _____

In the event of an emergency, contact _____ (_____)_____
Name Relationship Phone Number

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

Please check yes or no

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 or assault? *yes _____ no _____
4. Has your driver's license ever been suspended or revoked in any state? *yes _____ no _____

***You may be asked to provide a written explanation for questions answered "yes".**

List your most recent volunteer assignment with Special Olympics and city/state:

_____

List two references: a non-family member and current employer (or a school reference if under 18 years old)

1. _____
Name relationship address phone
2. _____
Name relationship address phone

Please read before signing

I understand the following:

- some of the information that I have provided may be verified, and I give permission to Special Olympics to check my references and to make inquiry of others including without limitation my employer concerning my background and suitability to act as a Special Olympics volunteer;
- 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;
- in relationship between Special Olympics 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 release, discharge and hold harmless Special Olympics North Carolina, its officers, agents, its directors and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics North Carolina;
- I understand that the activities and/or competitions held at and in connection with Special Olympics and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with Special Olympics North Carolina;
- I grant permission to Special Olympics North Carolina and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

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

Sign _____ **Date** _____

Print name _____

Initial One:

Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf _____

Volunteer is less than eighteen (18) years of age. The undersigned is the _____parent ____ legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer.

Signature _____ **Date** _____

Print Name _____