



# CLASS A VOLUNTEER REGISTRATION FORM ADULT

E-66

Class A Volunteers 18 years of age or older must complete this form.

NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE IS APPROVED BY SPECIAL OLYMPICS ILLINOIS. FAXED FORMS WILL NOT BE ACCEPTED.

AREA \_\_\_\_\_  
AGENCY# \_\_\_\_\_  
AGENCY NAME \_\_\_\_\_

Please check the appropriate item that defines your role with Special Olympics Illinois.

Coach \_\_\_\_\_ Chaperone \_\_\_\_\_ Unified Partner \_\_\_\_\_ Other \_\_\_\_\_

**Section I:** All information is required unless indicated optional. If you do not have a driver's license, please mark NA on the appropriate line.

Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Full Middle Male Female

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Number Street Name Apartment/Suite/Unit

\_\_\_\_\_ City County State/Zip  
( )

Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
optional Day/Evening

**Section II:** Background information. Please answer all questions.

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Has your drivers license been suspended or revoked in any state, for moving violations within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* If I answered yes, then I agree **not** to serve as a volunteer driver for Special Olympics Illinois. This includes driving for Special Olympics. This includes driving for Special Olympics to, from, and during all sanctioned events.

**Section III:** Please list two non-family member references and their contact information. By providing these references I am authorizing Special Olympics Illinois to contact them in reference to my volunteer application.

	Name	Relationship	Phone Number	Best time to call
1.				
2.				

### Section IV: PLEASE READ BEFORE SIGNING.

I agree as follows:

- I affirm, under penalty of perjury, that all answers and information are truthful and understand that Special Olympics Illinois (SO ILL) may refuse to allow me to volunteer if I provided incorrect information or withheld information;
- I give permission for SO ILL to obtain information relating to my criminal history records including arrest and conviction data, plea bargains and deferred adjudications;
- I understand and acknowledge that as long as I remain a volunteer with SO ILL, the criminal history checks will be repeated every three years;
- The relationship between SO ILL and volunteers is an "at will" arrangement and it may be terminated at any time, without reason or cause by either party;
- I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, websites, or in any other form, format, or media to promote Special Olympics, its mission and to raise funds for Special Olympics;
- I have read, understand and agree with the terms of the SO ILL Coaches/Volunteer Conduct Policy;
- I waive, release, and discharge SO ILL, 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 SO ILL conducting criminal history checks on me;
- I will notify SO ILL of all changes to the information provided on this original form.

Adult Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY REPRESENTATIVE AUTHORIZATION

Please sign and date this form to verify you have checked this individual's photo identification.

Signature of Agency Representative (Head Coach/Director/SOAD) \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY**

Accepted \_\_\_\_\_

Rejected \_\_\_\_\_  
as a Class A Volunteer

Signature of SO ILL Representative \_\_\_\_\_

Date \_\_\_\_\_

**SEND AGENCY FORMS TO YOUR AREA DIRECTOR.**