

Volunteer Registration Application

ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING – PLEASE PRINT IN INK (*items in italics are optional*)

Name: _____ Date of Birth _____ / _____ / _____
Last First Middle

Mailing Address: _____
Street Apt

City _____ County _____ State _____ Zip _____

Phone – indicate your preferred contact number (day): _____ (evening): _____

Fax: _____ E-Mail: _____ Occupation: _____

Group Affiliation: _____
Name (i.e., Anytown Boy Scout Troop #17, etc.) City State Zip

Employer/School Name: _____
Street City State Zip

Please indicate the year you began volunteering with Special Olympics Pennsylvania _____

PERSONAL INFORMATION

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: _____
Name Relationship
Day Phone: _____ Evening Phone: _____

INSURANCE INFORMATION

In the event that a medical emergency occurs during the course of my volunteer efforts with Special Olympics Pennsylvania, please be aware of the following personal medical information about myself; furthermore, if, during my participation in Special Olympics activities, I should need emergency medical treatment and cannot give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures necessary to protect my health & well-being, including, if necessary, hospitalization.

Physician's Name & Phone Number _____ Special Instructions _____

Medical Condition _____ Medications, if any _____

Medical Insurance Company _____ Policy # _____ Other necessary information _____

VOLUNTEER SIGNATURE

I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.

Signature: _____ Date: _____ / _____ / _____

ID VERIFICATION: # _____ # _____ # _____
Drivers License Student ID Other-Indicate: _____

If a minor, a parent or guardian signature is necessary.

I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charges' participation.

Parent's/Guardian's Signature: _____ Date: _____ / _____ / _____

PROGRAM/OFFICE USE ONLY The above volunteer has completed the "Volunteer Application" and has been appropriately screened and trained.

Screener/Interviewer: _____ / _____ / _____
PRINTED Name SIGNATURE DATE

Was the PA State Police Criminal Record Check conducted and returned without activity, allowing continued class A status? YES NO

Date returned and on file: _____ / _____ / _____ ID # _____

If activity existed, was a Letter of Exemption filed with the state? YES NO

CLASS "A" AND "B" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING (Class B volunteers are those who have casual or limited contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

Please print in ink

Do you use illegal drugs? YES NO

Have you ever been convicted of a criminal offense in Pennsylvania or any other state? If yes, what state? _____ YES NO

Have you ever been charged with neglect, abuse, assault or other crimes against a minor? YES NO

Has your driver's license ever been suspended or revoked in any state? YES NO

If yes, when / where? _____ / _____ / _____

FOR VOLUNTEERS PROVIDING TRANSPORTATION FOR ATHLETES OR OTHER VOLUNTEERS

Drivers' License # _____ Auto Insurance Carrier _____ Policy # _____

As a "Class A" volunteer, do you understand that you will be required to have a PA Criminal Record Check completed **BEFORE** being assigned? YES NO

List 2 non-family references:

1) _____
Name Relationship Address & Phone Number

2) _____
Name Relationship Address & Phone Number

CLASS "A" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING (Class A volunteers are those who are in immediate contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

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I am providing the following additional information for the Criminal Record Check to be performed. When it is returned without activity (to the local program), I understand that I will be notified and may begin my Class A position with Special Olympics Pennsylvania. If activity exists, I will be notified and will be given the opportunity and instructions regarding filing a Letter of Exemption with the state office.

Sex: Male Female Race: _____ Social Security Number: _____ / _____ / _____

Maiden Name / Aliases: _____

VOLUNTEER INTERESTS

Please help us make your volunteer experience as pleasant as possible by indicating your areas of interest. Please remember that your interests may not be needed and we may need to assign you to another position.

<p>Volunteer Location</p> <p>State Level <input type="checkbox"/></p> <p>Local Level <input type="checkbox"/></p> <p>Time Commitment</p> <p>One Day <input type="checkbox"/></p> <p>Year Round <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p> Winter <input type="checkbox"/></p> <p> Spring <input type="checkbox"/></p> <p> Summer <input type="checkbox"/></p> <p> Fall <input type="checkbox"/></p>	<p>Administration</p> <p><u>Management Team</u></p> <p> Competition <input type="checkbox"/></p> <p> Families <input type="checkbox"/></p> <p> Fund Raising <input type="checkbox"/></p> <p> Outreach <input type="checkbox"/></p> <p> Public Relations <input type="checkbox"/></p> <p> Secretary <input type="checkbox"/></p> <p> Training <input type="checkbox"/></p> <p> Treasurer <input type="checkbox"/></p> <p> Other _____</p> <p> Other _____</p> <p><u>Program Assistants</u></p> <p> Fund Raising Assistant <input type="checkbox"/></p> <p> Inventory Assistant <input type="checkbox"/></p> <p> Office Assistant <input type="checkbox"/></p> <p> Other _____</p>	<p>Training</p> <p>Coaching <input type="checkbox"/></p> <p>Manager <input type="checkbox"/></p> <p>Sports _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other _____</p>	<p>Competition</p> <p>Event Director <input type="checkbox"/></p> <p>Sports _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other _____</p>	<p>Other</p> <p>Please indicate your assistance:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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