



Return original form to: Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278; Fax +1 317 328 2018; Email: [entries@soindiana.org](mailto:entries@soindiana.org)  
Retain a copy for County/School files. Use pen and print legibly.

## SECTION A: GENERAL INFORMATION (REQUIRED)

FIRST	MIDDLE	LAST	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LEGAL NAME: _____			DATE OF BIRTH: ____/____/____
NICKNAME: _____			MONTH DAY YEAR
COUNTY PROGRAM: _____			

<b>CONTACT INFORMATION</b>	<b>EMERGENCY CONTACT INFORMATION</b>
ADDRESS (LIST STREET ADDRESS. NO P. O. BOX): _____ _____	NAME: _____
CITY/STATE/ZIP: _____	CELL PHONE: (____) _____
HOME PHONE: (____) _____	<b>EMPLOYMENT</b>
CELL PHONE: (____) _____	EMPLOYER/SCHOOL: _____
EMAIL: _____	OCCUPATION: _____
	QUALIFICATIONS: _____

## SECTION B: CONFIDENTIAL INFORMATION

Have you in the past year used illegal drugs or prescription drugs unlawfully?  Yes  No

Have you ever been convicted of a criminal offense? (omit minor traffic offenses)  Yes  No

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

Has your driver's license ever been suspended or revoked?  Yes  No

**Please attach a written explanation for any of these questions for which you answered "yes".**

List 2 non-family references: Name/Relationship/Email or Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

## SECTION C: CONSENT / RELEASE STATEMENT

I understand that:

- The information that I have provided may be verified by periodic background checks or any other means deemed appropriate, and I give permission to Special Olympics to make inquiry of others concerning my 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.
- The relationship between Special Olympics and 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 name, likeness, voice and words in television, radio, and film, or other media, in any form, for the purpose of promoting activities of Special Olympics and/or applying for funds to support these activities.
- I will notify Special Olympics Indiana of any change to the information I have provided on this application within ninety days of its occurrence.

## SECTION D: SIGNATURES

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

\_\_\_\_\_  
Signature of Coach/Volunteer Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under age 18) Date

## SECTION E: PROGRAM AUTHORIZATION

PHOTO ID CHECKED (DRIVERS LICENSE # OR IDENTIFICATION CARD #): \_\_\_\_\_

COUNTY/AREA PROGRAM: \_\_\_\_\_

VOLUNTEER SUPERVISOR SIGNATURE: \_\_\_\_\_

COACH/VOLUNTEER ORIENTATION TRAINER SIGNATURE: \_\_\_\_\_

COACH/VOLUNTEER ORIENTATION DATE: \_\_\_\_\_

### CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.