



Special Olympics
New York

VOLUNTEER INFORMATION

Please print clearly and legibly with blue or black ink.

ALL yellow highlighted areas must be completed for your application to be processed.

Full Name: _____

Maiden Name (if applicable): _____
Last *First (given)* *Middle*

Gender: ☐ Male ☐ Female

Social Security Number: _____ - - Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - ____

Other Phone Number: (____) ____ - ____ E-mail Address: _____

Circle a reliable contact preference: Home Work E-mail Other: _____

Employer/School/Organization: _____

Occupation: _____

Please list two (2) non-family references.

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____ - ____ E-mail: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____ - ____ E-mail: _____

This area must be completed by a SONY staff or trainer for your application to be processed.

Staff/ Trainer Name: _____ Area/Region: _____

Orientation Date: ____/____/____ ☐ Photo ID Checked By (Initials): _____

Protective Behaviors

Date: ____/____/____

FOR OFFICE USE ONLY:

Please answer the following questions (This information is confidential):

Do you use illegal drugs?..... ☐ YES ☐ NO
Have you ever been convicted of a criminal offense?..... ☐ YES ☐ NO
Have you ever been charged with neglect, abuse or assault?..... ☐ YES ☐ NO
Has your driver's license ever been suspended or revoked in any state? ☐ YES ☐ NO

If you answered 'yes' to any of the questions, please fully explain: _____

Please use the back of the application if you need more room.)

Please read before signing:

I do hereby understand and/or confirm that:

- The information I have provided may be verified by a background check or any other means deemed appropriate, and I give my permission to Special Olympics New York to make inquiry of others, including a criminal background check, concerning my suitability to act as a Special Olympics New York volunteer. I hereby waive any right I may have with regard to the release of this information to Special Olympics New York.
- The relationship between Special Olympics New York and volunteers is an "at will" arrangement and this application may be denied or the relationship may be terminated at any time without cause by either the volunteer or Special Olympics New York.
- In the course of volunteering for Special Olympics New York, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics New York permission to use my likeness, voice, and words in television, radio, or in any form to promote activities of Special Olympics New York.
- I am responsible for informing Special Olympics New York of ALL changes regarding information contained in this application.
- I have completed the volunteer orientation and protective behavior sessions; I have been educated on the Special Olympics volunteer code of conduct (page 5); I agree to abide by these guidelines for the benefit and safety of all participants in the Special Olympics program.
- I am at least 16 years of age, and have the consent of my parent/guardian to participate in Special Olympics New York if I am under the age of 18.

I affirm that I have read and understand this application and the information given is true and complete.

I understand in the event false information is provided, I may be terminated from my volunteer position.

SIGNATURE: _____

DATE: ____/____/____

Parent/Guardian Signature (if applicant is under 18): _____

FOR OFFICE USE ONLY

☐ Approved

☐ Disapproved

☐ Restrictions: _____

☐ Application Received

Date: ____/____/____

☐ Credentials Sent

Date: ____/____/____

☐ Background Check

Date: ____/____/____

Initials: _____

Notes: _____

DISCLOSURE AND AUTHORIZATION TO OBTAIN BACKGROUND REPORTS

In compliance with the Fair Credit Reporting Act (15 U.S.C.A. §§ 1681, *et seq.*) and any other applicable statutes, you are notified that in connection with, and in order to better evaluate, your volunteer application and/or your continued service as a volunteer, a pedophile report and criminal background check and driving record report on you may be obtained.

I, _____, pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. §§ 1681b(b)(2)(A) and any other applicable statutes, hereby authorize Special Olympics New York, Inc. and/or its representatives, to obtain written pedophile report and criminal report detailing my criminal history and driving record and history . I understand that the information in the Report will be used in part to determine my eligibility to volunteer with any Special Olympics New York, Inc. program. I understand that if any adverse action is taken based on the information in the Report, that I will be notified of a procedure to formally dispute the Report.

I hereby waive, release and discharge Special Olympics New York, Inc. and its officers, directors, employees and agents, from any liability for damages and losses of whatever kind or nature resulting from the investigation of my background in connection with my application to become a volunteer.

Signature of Volunteer

Date