



Special Olympics
Indiana

COACH/VOLUNTEER APPLICATION

Return original form to: Special Olympics Indiana; 6100 West 96th Street, Suite 270; Indianapolis, IN 46278; Fax +1 317 328 2018; Email: entries@soindiana.org
Retain a copy for County/School files. Use pen and print legibly.

SECTION A: GENERAL INFORMATION

LEGAL NAME: _____ FIRST MIDDLE LAST	SOCIAL SECURITY #: _____
NICKNAME: _____	DATE OF BIRTH: ____/____/____ MONTH DAY YEAR
COUNTY PROGRAM: _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CONTACT INFORMATION ADDRESS (LIST STREET ADDRESS. NO P. O. BOX): _____ _____ CITY/STATE/ZIP: _____	EMERGENCY CONTACT INFORMATION NAME: _____ CELL PHONE: (____) _____
HOME PHONE: (____) _____	EMPLOYMENT EMPLOYER/SCHOOL: _____
CELL PHONE: (____) _____	OCCUPATION: _____
EMAIL: _____	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
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