



Category A Volunteer Application

(Please use ink and PRINT all information)

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: F M

REQUIRED: SS# _____ - _____ - _____ **Birth Date** ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

E-Mail (1) _____ E-Mail (2) _____

Employer/School/Organization _____ Occupation: _____

Volunteer Interests (Please check the areas in which you have skills or interest)

<input type="checkbox"/> Coaching	<input type="checkbox"/> Head of Delegation	<input type="checkbox"/> Unified Sports®- Unified Partner
<input type="checkbox"/> Fundraising/Special Events	<input type="checkbox"/> Games Management	<input type="checkbox"/> Regional Management

If you marked **Coaching, Sports Management, or Unified Sports®**, please indicate the Sports and Team that interest you:

Sports: _____

Region, City, and Team Name (if known) _____

This section MUST be completed. All information is confidential.

	YES*	NO
Do you use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with neglect, abuse, or assault?	<input type="checkbox"/>	<input type="checkbox"/>
Has your drivers' license ever been suspended or revoked in any State?	<input type="checkbox"/>	<input type="checkbox"/>

(*If you answered "yes" to any of the above questions, please attach a written explanation)

Do you have a valid drivers' license? yes no If yes, please list state and license # _____

REQUIRED

I understand that:

- * The information that I have provided may be verified, and I give my permission to Special Olympics Nebraska to make inquiry of others concerning my suitability to act as a Special Olympics Nebraska volunteer, including, but not limited to, a criminal history and Department of Motor Vehicle check.
- *I do hereby release Special Olympics Nebraska, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.
- * The relationship between Special Olympics Nebraska and volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or Special Olympics Nebraska.
- * In the course of volunteering for Special Olympics Nebraska, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- * I grant Special Olympics Nebraska permission to use my likeness, voice and words in television, radio, or any form to promote activities of Special Olympics Nebraska.

PRIVACY ACT INFORMATION: The information accessed through this means is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act of 1974.

- I affirm that I have read the above and that the information I have given is true and complete.
- I understand I need to complete the Protective Behaviors Online Training Tutorial at www.sone.org.
- I understand I need to read and sign the Code of Conduct and submit with my application.

Signature: _____ Date _____ / _____ / _____

Applicants under 18 years of age must provide two personal/professional references.

Reference #1: To be completed by a School Counselor, Principal, or Teacher:

By signing below, I confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Name of Volunteer Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics.
4. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Relationship to Applicant: _____ Date: ____/____/____

Organization/Institution: _____ Phone: _____

Reference #2: This reference should be provided by an individual who is:

- Not your legal guardian
- Not related to you, and
- At least 18 years old

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Name of Volunteer Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics.
4. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Relationship to Applicant: _____ Date: ____/____/____

Organization/Institution: _____ Phone: _____

If under 18 years of age, **Parent/Guardian signature:** _____

For Office Use Only:

Protective Behaviors Completed: ____/____/____ Background check completed (18+) ____/____/____

MAIL or FAX TO:

Fax: 402-331-5964

Special Olympics Nebraska

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