



Category A Volunteer Application

Part 1 General Information (Please use ink and PRINT all information)

Last Name: _____ Middle Initial _____ First Name _____

SS# _____ Gender: F M E-Mail _____

Required

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day) _____ (Evening) _____ Cell Phone _____

Employer/School/Organization _____ Occupation: _____ Birth Date _____

Required

How long have you been a resident in the State of Nebraska? _____

Part 2 Volunteer Interests (Please circle the areas in which you have skills or interest)

Coaching	Head of Delegation	Unified Sports®
Fundraising/Special Events	Public Relations	Regional Management
Outreach	Games Management	Clerical Support

If you marked Coaching, Sports Management, or Unified Sports®, please indicate the sports in which you are interested:

Please indicate your availability: Weekdays _____ Week nights _____ Weekends _____ Town/City: _____

Please indicate what level of Special Olympics Nebraska you are interested in joining: Local _____ Region _____ State _____

If possible, please indicate the Local and/or Region team that you're interested in joining: Region _____ Team _____

Part 3 Background Information (This section MUST be completed. All information is confidential.)

YES NO

Do you use illegal drugs?

Have you ever been convicted of a criminal offense?

Have you ever been charged with neglect, abuse, or assault?

Has your drivers' license ever been suspended or revoked in any State?

(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.

Signature: _____ Date _____

IF UNDER 18 PLEASE SEE OTHER SIDE

Applicants, under 18 years of age, must provide two personal/professional references using the following forms. Each reference must be provided by an individual who is:

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

Reference #1

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, and
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: _____

Date: _____

Relationship to Applicant: _____

Organization/institution: _____

Reference #2

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, and
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 _____

Date _____

Relationship to Applicant: _____

Organization/institution: _____

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

PROTECTIVE BEHAVIORS

I verify that I have viewed the General Orientation and Protective Behaviors presentation and I understand the responsibilities that it gives me in the protection of our athletes from abuse.

Signature

For Office Use Only

Background check complete _____

Date _____ Location _____ SONE Staff _____

MAIL TO: Special Olympics Nebraska, 11011 Q Street, Ste, 104C Omaha, NE 68137
402-331-5545 800-247-0105 Fax: 402-331-5964 www.sone.org

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