



# 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](http://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**

9427 F Street, Omaha NE 68127

402-331-5545 800-247-0105 [www.sone.org](http://www.sone.org)

**Created by the Joseph P. Kennedy Jr. Foundation, for the Benefit of Persons with Intellectual Disabilities.**