

CLASS A VOLUNTEER REGISTRATION

Special Olympics



Special Olympics State Program: _____

Registration Type (mark one or both): Volunteer Unified Partner

Are you a new or Re-Registering? New Re-Registering

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|--|--|--|
| VOLUNTEER / UNIFIED PARTNER INFORMATION | | |
| First Name: | Last Name: | |
| Date of Birth (mm/dd/yyyy): | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address: | | |
| City: | State: | Postal Code: |
| Phone: | E-mail: | |
| Sports/Activities: | | |
| Race/Ethnicity (Optional): | | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino (specific origin group: _____) | |
| Language(s) (Optional): Mark all that apply | | |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list): | | |
| PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian) | | |
| Name: | Relationship: | |
| <input type="checkbox"/> Same a contact information above | | |
| Address: | | |
| City: | State: | Postal Code: |
| Phone: | E-mail: | |
| EMERGENCY CONTACT INFORMATION <input type="checkbox"/> Same as Parent/Guardian | | |
| Name: | Relationship: | Phone: |

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics



| BACKGROUND INFORMATION (only required for participants 16 years and older) | |
|---|--|
| Do you use illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a criminal offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been charged with and/or convicted of neglect, abuse or assault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your driver's license ever been suspended or revoked in any jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of the questions, please provide details: