

**SPECIAL OLYMPICS NORTH DAKOTA  
VOLUNTEER REGISTRATION FORM-CLASS A**

**Part I – General Information**

**ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL (Please Print)**

|   |  |                  |
|---|--|------------------|
| Last Name:  | First Name:                                  | Middle Name:     |
| (AKA/Maiden/Former)Last Name  | First Name:                                  | Middle Name:     |
| Address:  |  |                  |
| City:   | County:                                      | State: Zip Code: |
| Permanent Address (if different from above or if you have lived in another city/state within the past 5 years): |  |                  |
| City:   | State:                                       | Zip Code:        |
| Social Security No:   | Driver's License No. (State issued and no.): |                  |
| Birth date (mm/dd/yy):  | Gender: Male                                 | Female           |
| Daytime Phone: ( )  | Evening Phone: ( )                           | Email:           |
| Employer/School:  | Occupation:                                  |                  |
| Emergency contact:  | Emergency Phone: ( )                         |                  |

**Part II – Background Information** Please answer the following questions:

|  |     |    |
|--|-----|----|
| Do you use illegal drugs?  | Yes | No |
| Have you ever been convicted of a criminal offense?  | Yes | No |
| Have you ever been criminally charged with neglect, abuse or assault?  | Yes | No |
| Has your driver's license ever been suspended or revoked?  | Yes | No |
| Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?                                    | Yes | No |
| Have you ever applied to, volunteered, participated as a Special Olympics athlete or been employed by any Special Olympics organization? | Yes | No |
| If you answered YES to any of the above please explain (use additional sheets of paper if necessary):                                    |     |    |

**Part III – Additional Information**

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| <p><b>Please list two references 18 years of age or older who are not related to you:</b></p> <p><b>1. Name:</b> _____</p> <p><b>Complete Address:</b> _____</p> <p><b>Home Phone Number:</b> ( ) _____ <b>Work Phone Number:</b> ( ) _____</p> <p><b>Email Address (optional)</b> _____</p> <p><b>2. Name:</b> _____</p> <p><b>Complete Address:</b> _____</p> <p><b>Home Phone Number:</b> ( ) _____ <b>Work Phone Number:</b> ( ) _____</p> <p><b>Email Address (optional)</b> _____</p> <p>By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.</p> |
|---|

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics North Dakota may refuse to allow me to volunteer if I provided any incorrect information or omission.

In consideration of Special Olympics North Dakota considering my application, I give my permission for Special Olympics North Dakota to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with Special Olympics North Dakota and that as long as I remain a volunteer with Special Olympics North Dakota, the criminal history records check and motor vehicle driving records check may be repeated any time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by Special Olympics North Dakota.

**I WAIVE, RELEASE AND DISCHARGE** Special Olympics North Dakota, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with Special Olympics North Dakota conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics North Dakota or at my option and that Special Olympics North Dakota may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics North Dakota and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics North Dakota and Special Olympics, Inc.'s Website(s), or in any other form, format, or media, to promote Special Olympics North Dakota and its mission and to raise funds for Special Olympics North Dakota.

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics North Dakota rules and regulations of the organization.

**I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.**

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name of Parent or Guardian \_\_\_\_\_

For office use only

Protective Behaviors Training completed \_\_\_\_ yes \_\_\_\_ no Date \_\_\_\_\_

General Orientation completed \_\_\_\_ yes \_\_\_\_ no Date \_\_\_\_\_

ID check completed \_\_\_\_ yes \_\_\_\_ no Initials \_\_\_\_\_

Background check: \_\_\_\_ Declined \_\_\_\_ Approved Class A \_\_\_\_ Approved Class B