



Class A Volunteer/Staff Application Confidential Please type or print

Office Use Only: Agency or Committee: Role Staff Initials

Name: Last First Middle Initial Suffixes Maiden

SSN: - - DOB: (mm-dd-yy) Gender: M F

Mailing Address: Street City State Zip Country

Previous Address: Street City State Zip Country

Home Phone: () Cell Phone: ()

E-mail:

Your Employer: Occupation

Employer Address: Street City State Zip Country

Business Phone: ()

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PLEASE READ BEFORE SIGNING

- I grant Special Olympics Missouri permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Missouri.
I authorize Special Olympics Missouri at its discretion to periodically access, review and obtain copies of state and federal criminal history records and make any reasonable efforts to determine whether I have been convicted of, been found guilty of, or pled guilty or nolo contendere to committing, attempting to commit, or conspiring to commit, any crime that may bear upon my fitness to be a volunteer for a position of trust over individuals with disabilities and convey that determination to the qualified entity.
In the course of volunteering for Special Olympics, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
The relationship between Special Olympics and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Special Olympics Missouri.
I understand that it is my responsibility to notify Special Olympics Missouri of any change of information provided in this application during the time I serve as a Special Olympics volunteer.

Please answer the following questions:

1) Do you use illegal drugs? Yes No

If yes, explain what drug(s); how often you have used each drug; and the date(s) most recently used

Blank lines for explanation of drug use

2) Have you ever been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, attempting to commit, or conspiring to commit any crime, whether or not sentence was Imposed or executed?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

3) Have you ever been charged with any crime, (other than a minor traffic violation) or had a judgment or court order entered against you involving sexual or physical abuse of a minor or restricting your contact with a minor or involving allegations of domestic violence?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

4) Has your driver's license ever been suspended or revoked in any state?

Yes No

If yes, please provide details, including dates, reason(s), venue and disposition: _____

5) Have you been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, any traffic offense involving any moving violation, including careless or reckless driving, or any traffic offense related to the use of drugs or alcohol, including DWI or DUI, whether or not sentence was imposed or executed?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

I declare that I am the person referred to in this application, that the information supplied herein is true to the best of my knowledge, that I have read and understand this application and further understand that any false, misleading, or incomplete information substituted for accurate information will be grounds to immediately disqualify me from further consideration or remove me as a volunteer with Special Olympics Missouri.

Signature _____

Date: _____

In the event of an emergency, contact:

Name Relationship Phone #

Attach copy of photo ID (government issued)