

## Volunteer Registration Application

**ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING — *please print in ink (items in italics are optional)***

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Apt.

City County State Zip

Phone — indicate ☐ your preferred contact number (day):(\_\_\_\_) ☐ (evening):(\_\_\_\_) ☐

Fax:(\_\_\_\_) E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Group Affiliation: \_\_\_\_\_  
Name (i.e., Anytown Boy Scout Troop #17, etc.) City State Zip

Employer/School Name: \_\_\_\_\_  
Street City State Zip

Please indicate the year you began volunteering with Special Olympics Pennsylvania \_\_\_\_\_

### PERSONAL INFORMATION

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_  
Name Relationship

Day Phone:(\_\_\_\_) Evening Phone:(\_\_\_\_)

### INSURANCE INFORMATION

In the event that a medical emergency occurs during the course of my volunteer efforts with Special Olympics Pennsylvania, please be aware of the following personal medical information about myself; furthermore, if, during my participation in Special Olympics activities, I should need emergency medical treatment and cannot give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures necessary to protect my health & well-being, including, if necessary, hospitalization.

Physician's Name & Phone Number Special Instructions

Medical Condition Medications, if any

Medical Insurance Company Policy # Other necessary information

### VOLUNTEER SIGNATURE

I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID VERIFICATION: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
Drivers License Student ID Other-Indicate: \_\_\_\_\_

**If a minor, a parent or guardian signature is necessary.**

I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charges' participation.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROGRAM/OFFICE USE ONLY** The above volunteer has completed the "Volunteer Application" and has been appropriately screened and trained.

Screeners/Interviewer: \_\_\_\_\_  
Printed Name Signature Date

Was the PA State Police Criminal Record Check conducted and returned without activity, allowing continued class A status? ☐ Yes ☐ No

Date returned and on file: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID # \_\_\_\_\_

If activity existed, was a Letter of Exemption filed with the state? ☐ Yes ☐ No



**CLASS "A" AND "B" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING** (Class B volunteers are those who have casual or limited contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

*Please print in ink*

Do you use illegal drugs?

☐ Yes ☐ No

Have you ever been convicted of a criminal offense in Pennsylvania or any other state? If yes, what state? \_\_\_\_\_

☐ Yes ☐ No

Have you ever been charged with neglect, abuse, assault or other crimes against a minor?

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, when/where? \_\_\_\_\_

**FOR VOLUNTEERS PROVIDING TRANSPORTATION FOR ATHLETES OR OTHER VOLUNTEERS**

Drivers License # \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

As a "Class A" volunteer, do you understand that you will be required to have a PA Criminal Record Check completed **BEFORE** being assigned?

☐ Yes ☐ No

List 2 non-family references:

1)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

2)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

**CLASS "A" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING** (Class A volunteers are those who are in immediate contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

*please print in ink*

I am providing the following additional information for the Criminal Record Check to be performed. When it is returned without activity (to the local program), I understand that I will be notified and may begin my Class A position with Special Olympics Pennsylvania. If activity exists, I will be notified and will be given the opportunity and instructions regarding filing a Letter of Exemption with the state office.

Sex: ☐ Male ☐ Female

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Maiden Name / Aliases: \_\_\_\_\_

**VOLUNTEER INTERESTS**

Please help us make your volunteer experience as pleasant as possible by indicating your areas of interest. Please remember that your interests may not be needed and we may need to assign you to another position.

**Volunteer Location**

State level ☐

Local level ☐

**Time Commitment**

One Day ☐

Year Round ☐

Seasonal ☐

Winter ☐

Spring ☐

Summer ☐

Fall ☐

**Administration**

**Management Team**

Competition ☐

Families ☐

Fund Raising ☐

Outreach ☐

Public Relations ☐

Secretary ☐

Training ☐

Treasurer ☐

Other \_\_\_\_\_

**Program Assistants**

Fund Raising Assistant ☐

Inventory Assistant ☐

Office Assistant ☐

Other \_\_\_\_\_

**Training**

Coaching ☐

Manager ☐

Sports \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

**Competition**

Event Director ☐

Sports \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other**

Please indicate your assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Special Olympics**  
**Pennsylvania**