



Volunteer Registration

Photo ID Provided by Class A Volunteer (checked by Special Olympics staff)

Initiated by Special Olympics Staff _____

SECTION 1: ALL VOLUNTEERS MUST COMPLETE

Are you a new or returning volunteer? New Returning Total Yrs _____ Area _____

Full Legal Name: _____
First Name Middle Name Last Name

Date Of Birth ____/____/____ (Month/Date/Year) Male/Female (Circle One) Email _____

Home Address _____ City _____ St _____ Zip _____

Previous Address _____ City _____ St _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Employer's Name: _____ Occupation: _____

Work Address: _____ City: _____ Zip: _____

Emergency Contact Name _____ Emergency Contact Number _____

SECTION 2: BACKGROUND & TRAINING INFORMATION

Do you have a valid Driver's License? NO ____ YES ____ # _____ Expiration Month ____ Day ____ Year ____ State ____

Do you use illegal drugs? YES No Have you attended an Orientation & Protective Behaviors Training? Y or N

Have you ever been convicted of a misdemeanor or felony offense? YES No Date Attended _____

Have you ever been charged with neglect, abuse, or assault? YES No Location _____

Has your Driver's License ever been suspended or revoked? YES No

If you answered YES to any question, list offenses giving date, location, nature and disposition for each. A conviction will not necessarily disqualify you from the position for which you have applied.

SECTION 3: REFERENCES

Please list two NON-FAMILY personal/professional references (minor must list one reference from school):

1. Name: _____ Relationship: _____
 Complete Address: _____
 Home Phone: () _____ Work Phone: () _____ Cell Phone () _____

2. Name: _____ Relationship: _____
 Complete Address: _____
 Home Phone: () _____ Work Phone: () _____ Cell Phone () _____

General Consent

I understand that the information I provide may be verified, and I give permission to Special Olympics Southern California to make inquiry of others concerning my suitability to act as a Special Olympics Southern California volunteer. I also understand that a personal reference or criminal background check may be accomplished if that action is deemed necessary. In the course of volunteering for Special Olympics Southern California, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. In consideration for being permitted to volunteer my services to Special Olympics Southern California, I hereby agree to accept any and all risks of injury, damage or loss of personal property. The relationship between Special Olympics Southern California and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Southern California. I grant Special Olympics Southern California permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Southern California.

I have read the General Consent and am in agreement with its content.

Signature of Volunteer

Date

If under 18, signature of legal guardian

Date

Parental Consent

Must be completed if volunteer is 14-17 years of age. Volunteers must be a minimum of 14 years of age!

I hereby consent for my minor child to be a volunteer with Special Olympics Southern California. In regard to the above named youth volunteer's participation, I HEREBY AGREE to release and hold harmless Special Olympics Southern California, and its agents, employees and representatives of and from any and all liability of any kind or nature incurred by the above-named youth volunteer or by myself as the result of any act or failure to act, intentional or unintentional, by (1) any person who is not an agent, employee or representative of Special Olympics Southern California or (2) any other youth volunteer. I also authorize Special Olympics Southern California and its agents, employees or representatives into whose care the youth volunteer has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the youth volunteer by a dentist licensed under the provisions of the Dental Practice Act.

Legal Guardian Name (Please Print)

If under 18, signature of legal guardian

Date

OFFICE USE Date Rcvd: _____ Indicate: Chapter _____ Region _____ Area _____

Class A Class B



Volunteer Registration

AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

In connection with my application to become a volunteer with **Special Olympics Southern California**, (“SOSC”), I understand that, prior to or at any time after any acceptance of my volunteer application, a Consumer Report or Investigative Consumer Report about me (the “Report”) may be requested by **SOSC** for volunteer participation purposes from a consumer reporting agency, including from a consumer reporting agency known as IntelliCorp Records, Inc., their agents, assigns or any other authorized third parties (collectively, “the Investigators”).

I understand that the information in the Report will be obtained by accessing public records from various local, state, and federal agencies to the extent permitted by law, including but not limited to my motor vehicle operation history and criminal history. I understand that the Report may include information as to my character, general reputation, personal characteristics, and/or mode of living. I also understand that information sought will include a search of the state and/or federal Sexual Offender Identification Line(s) or Registry(ies).

I HEREBY VOLUNTARILY AND KNOWINGLY AUTHORIZE INVESTIGATORS, TO SEEK INFORMATION ABOUT ME ON BEHALF OF SOSC, AND AUTHORIZE SOSC TO PROCURE AND USE THE INFORMATION PROVIDED BY INVESTIGATORS ABOUT ME (INCLUDING ANY INFORMATION OBTAINED FROM THE SEXUAL OFFENDER IDENTIFICATION LINE(S) OR REGISTRY(IES)) IN CONNECTION WITH MY SOSC VOLUNTEER APPLICATION. I UNDERSTAND THAT SOSC MAY USE THIS INFORMATION FOR VOLUNTEER PARTICIPATION PURPOSES, INCLUDING BUT NOT LIMITED TO ACCEPTANCE OR DENIAL OF MY SOSC VOLUNTEER APPLICATION, MY SOSC VOLUNTEER ASSIGNMENT OR REASSIGNMENT, AND ANY TERMINATION OF MY SOSC VOLUNTEER STATUS. I ALSO HEREBY AUTHORIZE ANY ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY MOTOR VEHICLE/DRIVING RECORD HISTORY, CRIMINAL HISTORY, OR ANY OTHER INFORMATION ABOUT ME AS REQUESTED BY INVESTIGATORS.

In accordance with the federal Fair Credit Reporting Act, the California Consumer Credit Reporting Agencies Act, and the California Investigative Consumer Reporting Agencies Act, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested for the Report. Further, I am entitled to know if my SOSC volunteer application is denied because of information obtained by **Investigators** or any other consumer reporting agency (a “**Reporting Agency**”). If so, I will be so advised in writing and be given the name and address of the **Reporting Agency**, including its toll free number, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the **Reporting Agency**; and (ii) to dispute the accuracy or completeness of any information in the Report furnished by the **Reporting Agency**. I further understand that upon my request with reasonable notice, **Investigators** will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law. I also understand that **Investigators** is a consumer reporting agency and it is **Investigators’s** policy to not be involved in or make decisions or recommendations concerning volunteers for **SOSC**. I also understand that **Investigators** does not sell or otherwise provide any of the information found in its background investigations to any other party. I further understand that *any* Report requested will be used strictly for permissible purposes. In addition, *any* assignment (or reassignment) as a volunteer for **SOSC** will be conditioned on the receipt of satisfactory information as determined by **SOSC**, and that to be considered for assignment as a **SOSC** volunteer, I must authorize the procurement of the Report(s) and sign this Authorization and Release for Criminal and Other Background Record Check document. A photographic or faxed copy of this Authorization and Release for Criminal and Other Background Record Check document shall be as valid as the original.

I understand that the background check as described above will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult “A” Volunteer status in which case I will notify Special Olympics Southern California.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Address: _____ City: _____ County: _____ State: _____ Zip: _____

_____ City: _____ County: _____ State: _____ Zip: _____
Previous Address if Less than One Year at Current Address

Printed Name

Maiden Name

Drivers License Number and State

List All Other Names Used

Social Security Number

Date of Birth (MM/DD/YYYY)

I have read and understand this Authorization and Release for Criminal and Other Background Record Check and by signing below, hereby authorize a Reporting Agency or Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties.

Your Signature: _____

Date: _____

I understand that if any Investigative Consumer Report about me is prepared for SOSC, I may request that a copy of the Report be sent to me. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. (Check a box below).

[] No, I do not wish to receive a copy of any Report about me that is prepared. [] Yes, I wish to receive a copy of any Report.

IntelliCorp Records, Inc; 6001 Cochran Rd; Solon, OH 44139; 1-888-946-8355.

PLEASE REMEMBER TO INCLUDE A COPY OF YOUR DRIVER’S LICENSE OR STATE ID!