



VOLUNTEER REGISTRATION FORM - Class B

ALL information is required. Please print.

SUMMER GAMES - WELLNESS PARK Special Smiles

PART I: General Information

Last/Family Name *First/Given Name:*

Address: _____

City *State* *Postal Code:*

E-mail: _____

Day Phone: _____ - _____ - _____ Ext. _____ Eve. Phone: _____ - _____ - _____

Employer/School/Organization: _____

Emergency Contact: _____
Last Name *First Name*

Emergency Phone: _____ - _____ - _____

PART II: Background Information

Please answer all of the following questions:

| | YES | NO |
|--|--------------------------|--------------------------|
| Do you use illegal drugs? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of a criminal offense?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been criminally charged with neglect, abuse or assault?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above, please explain (use additional sheets of paper if necessary) _____

PART III: Reference Information - Please provide two references.

- Name: Dr. James Delahanty
Complete Address: 226 Scotch Road, Trenton, NJ 08628
Phone Number: 609-883-0606
- Name: Debra Goldsmith - Department of Community Health
Complete Address: NJ Dental School 110 Bergen Street, Newark, NJ 07103
Phone Number: 973-972-4710

By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.

Select Day and Time:

| | |
|--|---|
| SATURDAY, JUNE 7 | SUNDAY, JUNE 8 |
| <input type="checkbox"/> 8:00 am - 5:00 pm | <input type="checkbox"/> 8:00 - 1:00 pm |

PART IV: Signatures

Before You Sign: 1) Read the Disclosure and Authorization to Obtain Information and the SONJ Volunteer Code of Conduct on application will not be processed.

 Volunteer's Signature *Signature of Parent of Guardian if Volunteer is a Minor* _____ / ____ / ____
 Date

| | |
|--|---|
| RETURN COMPLETED FORM TO: | Dr. James Delahanty 226 Scotch Road, Trenton, NJ 08628 Fax: 973-972-3164 |
|--|---|

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

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 New Jersey (SONJ) may refuse to allow me to volunteer if I provided any incorrect information or omitted any information.

I give my permission for SONJ to contact the references given and to obtain any pertinent information. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SONJ.

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

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

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

SPECIAL OLYMPICS NEW JERSEY VOLUNTEER CODE OF CONDUCT

As a Special Olympics New Jersey volunteer, I agree that while serving at training sessions, meets or any other Special Olympics events, I will:

1. Provide for the general welfare, health and safety of any Special Olympics New Jersey athletes in my charge during the course of my assigned duties.
2. Dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics New Jersey.
3. Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
4. Refrain from the consumption of alcoholic beverages and non-prescribed controlled substances during the course of my assigned duties.
5. Not engage in any type of inappropriate behavior, sexual activity, or physical abuse with either Special Olympics New Jersey athletes or other volunteers.
6. Not engage in inappropriate contact or relationships with Special Olympics New Jersey athletes or other volunteers.



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