

Special Olympics Texas Class A Volunteer Application Page 1

NEW
 RENEWAL
 UPDATE

As a Class A volunteer of Special Olympics Texas, you must complete this application every three years (paper or web version). All Class A volunteers must complete the entire form and sign to indicate your understanding of the Consent for Criminal Background Check and Volunteer Code of Ethics, or your application will not be processed.

CONTACT INFO

Last Name	First Name	Middle Name	Nick name
Mailing Address			
City		State	ZIP
E-mail			
Day Phone ()	Night Phone ()	Cell Phone ()	

EMPLOYMENT INFO

Employer Name	Occupation
Address	City ZIP

VOLUNTEER ROLES

Delegation Personnel Role						Office Use Only Date: _____ Staff: _____ Area: _____
Del ID (example: AAA-03)				--		
Competition <input type="radio"/> Medical <input type="radio"/> Sports Official for Sport: _____						
Development <input type="radio"/> Torch Runner <input type="radio"/> Other: _____						
Other						

EMERGENCY CONTACT

Name	Relationship	Phone ()
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SOI QUALIFIER QUESTIONS

NOTE: SOTX will check every Class A applicant/renewal. An affirmative response will not necessarily prevent or restrict volunteer activities; however, failure to provide accurate information may result in such actions.

1. Do you use illegal drugs?	<input type="radio"/> Yes	<input type="radio"/> No
2. Have you <u>ever</u> been convicted of a criminal offense?	<input type="radio"/> Yes	<input type="radio"/> No
3. Have you <u>ever</u> been charged with neglect, abuse or assault?	<input type="radio"/> Yes	<input type="radio"/> No
4. Has your driver license <u>ever</u> been suspended or revoked in any state?	<input type="radio"/> Yes	<input type="radio"/> No
If you responded "yes" to any of the above, please provide a brief explanation:		

Do you carry at least the state of Texas legal minimum auto insurance?	<input type="radio"/> Yes	<input type="radio"/> No	
Are you currently certified in CPR?	<input type="radio"/> Yes	<input type="radio"/> No	Expires ___ / _____
Are you currently certified in first aid?	<input type="radio"/> Yes	<input type="radio"/> No	Expires ___ / _____
I am <input type="radio"/> a SOTX athlete <input type="radio"/> a family member <input type="radio"/> neither			

PERSONAL REFERENCES

Name	Relationship	Phone ()

COMPLETE ALL BOXES

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ID VERIFICATION

A photo-ID check is required by SOI and can be done by either a SOTX staff member or your head of delegation.

COMPLETE	ID Checked by: <small>STAFF & HoD ONLY: Please Print Legibly.</small>		Driver License #	State
	Gender <input type="radio"/> Male <input type="radio"/> Female	Ethnicity <input type="radio"/> American Indian <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Other		
	Date of Birth ____/____/____ MM/DD/YYYY	Social Security # ____-____-____		
	Resident of Texas for ____ years	If less than ten (10) years, list other states/countries in which you have resided:		
	Additional names you may be listed under (e.g., maiden, married, legal change, etc.)			

CONSENT FOR CRIMINAL BACKGROUND CHECK

I hereby give unrestricted permission to Special Olympics Texas (SOTX) to obtain information relating to my criminal background history. The criminal background history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with SOTX. I also understand that as long as I remain a volunteer of SOTX, the criminal background check may be repeated at any time. If denied eligibility to volunteer based on check findings, I understand that I will have an opportunity to review the criminal background history and a procedure is available for clarification, if I dispute the data as received.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify SOTX, the company performing the criminal background check, and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, including negligence and gross negligence, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation into my criminal background in connection with my application to become a volunteer of SOTX.

I understand that I have the obligation to report to SOTX any changes in my criminal background history after the date that I sign this form, the Special Olympics Texas Class A Volunteer Registration Form, including this Consent for Criminal Background Check.

VOLUNTEER CODE OF ETHICS

Fulfill assignment responsibility: Carry out all aspects of your assignment; attend all required meetings; and notify the volunteer coordinator if you cannot complete an assignment.

Set a good example for the athlete: Refrain from smoking, consuming alcohol or using profanity as a volunteer; be discreet in your personal relationships with athletes and avoid any behavior which may be misunderstood or misinterpreted; and be helpful to and supportive of everyone associated with Special Olympics.

Demonstrate good sportsmanship and cooperation: Support the decisions of referees, judges, and committees, and use proper dissent processes; be respectful during ceremonies; praise the athletes for their efforts and encourage them to be happy for the success of other athletes; and support and encourage other volunteers and staff.

Be vigilant and aware of the safety of the athlete: Never leave an athlete unchaperoned; report anything you observe, either in the physical environment or in an individual's behavior, which you feel may cause potential harm.

Be loyal to your commitment to Special Olympics: Look for constructive ways to overcome obstacles.

Take advantage of the opportunities Special Olympics offers you: Be open to new ideas and new ways of doing things; become an active participant by extending your involvement to other roles of leadership and training; and delight in the change your involvement makes in the life of someone you know and in the many lives of those you'll never meet.

PLEASE READ BEFORE SIGNING:

I understand that:

- The information that I provided will be verified and I give permission to Special Olympics Texas (SOTX) to make inquiries, which will include a criminal background check to determine my suitability to act as a SOTX volunteer.
- In the course of volunteering for SOTX, I may deal with confidential information and I agree to keep such information in the strictest confidence.
- The relationship between SOTX and volunteers is an "at will" arrangement. It can be terminated at any time without cause by either me or SOTX.
- I grant SOTX permission to use my likeness, voice, and words in television, radio, film or in any form to promote activities of SOTX.

I affirm that I have read and reviewed both the Consent for Criminal Background Check and Volunteer Code of Ethics as well as that the information I have provided on this form is true and complete.

Any record containing an electronic signature shall be deemed for all purposes to have been signed.

SIGN & DATE	Applicant Signature: _____	Date: _____
	Printed Name: _____	

NOTE: Parent or legal guardian must sign for minors. Being fully informed of requirements, I hereby consent to the minor's participation in SOTX activities.