

Special Olympics Texas Class A Volunteer Application Page 2

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 & HDDL ONLY: Please Print Legibly.</small>		Driver's 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 < 5 yrs, list other states/countries you have resided _____		
	Additional names you may be listed under (i.e. 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 history 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 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 & encourage other volunteers and staff.

Be vigilant and aware of the safety of the athlete: Never leave an athlete unchaperoned; and 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 have 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 be dealing 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.

SIGN	Applicant Signature _____	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.

Special Olympics Texas Class A Minor Volunteer Reference Form

For minors (anyone 17 years old or younger) applying to be a Class A Volunteer, this form is a registration requirement and is used as a replacement for the Criminal Background Check that adult applicants must pass to be a Class A Volunteer.

SECTION A – MINOR VOLUNTEER INFORMATION

Minor Name:	Minor SSN: - -
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In consideration of participating with Special Olympics Texas, I affirm that both references listed below are:
1) true and complete, 2) are from personal or professional relationships, and 3) do not include family members.

Signature of Minor Volunteer

Date

Signature of Parent or Guardian

Date

PERSONAL/PROFESSIONAL REFERENCE #1

COMPLETE ALL BOXES	Name:	Relationship to Minor:
	Origin of Relationship (e.g., church, school, work, etc.):	
	Email Address:	
	Day Phone: ()	Night Phone: ()
	1: How long have you known the minor? _____ Years _____ Months	
	2. Do you know of any reason that SOTX should not accept this minor as a Volunteer? <input type="radio"/> YES <input type="radio"/> NO	
2A. If yes, please explain:		
SIGN		

PERSONAL/PROFESSIONAL REFERENCE #2

COMPLETE ALL BOXES	Name:	Relationship to Minor:
	Origin of Relationship (e.g., church, school, work, etc.):	
	Email Address:	
	Day Phone: ()	Night Phone: ()
	1. How long have you known the minor? _____ Years _____ Months	
	2. Do you know of any reason that SOTX should not accept this minor as a Volunteer? <input type="radio"/> YES <input type="radio"/> NO	
2A: If yes, please explain:		
SIGN		

CLASS B VOLUNTEER REGISTRATION FORM

Event and Location		Date	ID Check
Last Name	First Name	Middle Name	
Address			
City	State	ZIP	
Day Phone ()		Night Phone ()	
E-mail Address		Are you a family member of a SOTX athlete? Y O N O	
Business or Organization Affiliation			
Emergency Contact		Phone ()	

Please read before signing. As a volunteer member of Special Olympics Texas, I agree to:

- Follow the policies, rules and procedures of Special Olympics Texas.
- Place the safety and well-being of the Special Olympics athlete as foremost.
- Interact with the Special Olympics athletes in the appropriate and dignified manner that any athlete or individual deserves.
- Represent Special Olympics Texas in a professional manner that represents a positive image to the community.
- Accept challenge using a constructive approach.
- Grant Special Olympics permission to use my likeness, voice and words in television, radio and film or in any form to promote the activities of Special Olympics.

I affirm that I have read the above and that the information I have given is true and complete.

Volunteer Signature: _____ Date: _____

CLASS B VOLUNTEER REGISTRATION FORM

Event and Location		Date	ID Check
Last Name	First Name	Middle Name	
Address			
City	State	ZIP	
Day Phone ()		Night Phone ()	
E-mail Address		Are you a family member of a SOTX athlete? Y O N O	
Business or Organization Affiliation			
Emergency Contact		Phone ()	

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I affirm that I have read the above and that the information I have given is true and complete.

Volunteer Signature: _____ Date: _____