



Special Olympics
Indiana
Be a fan.

Coach/Volunteer Application

Return original form to: Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278; Fax: (317) 328-2018; Email: entries@soindiana.org
Retain a copy for county files. Use pen and print legibly.

Section A - GENERAL INFORMATION

Legal Name: _____ County: _____
First Middle Last

Address: _____ City: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ [M] [F] Social Security Number: _____ - _____ - _____ (REQUIRED)

Day Phone: (____) _____ Eve Phone: (____) _____

Email: _____ Note: Information will be sent to addresses listed on this application.

Employer/School: _____ Occupation: _____

Qualifications: (certifications, degree, practical experiences) _____

Section B - CONFIDENTIAL INFORMATION

- Have you in the past year used illegal drugs or prescription drugs unlawfully? [] Yes [] No
Have you ever been convicted of a criminal offense? (omit minor traffic offenses) [] Yes [] No
Have you ever been charged with neglect, abuse, assault, or any sexual offense? [] Yes [] No
Has your driver's license ever been suspended or revoked? [] Yes [] No

Please attach a written explanation for any of the above questions for which you answered "yes".

Table with 4 columns: List 2 non-family references, Name, Relationship, Address or Phone Number. Rows 1 and 2.

Section C - PLEASE READ BEFORE SIGNING

I understand that:

- The information that I have provided may be verified by periodic background checks or any other means deemed appropriate, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer.
In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
The relationship between Special Olympics 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.
I grant Special Olympics permission to use my name, likeness, voice and words in television, radio, and film, or other media, in any form, for the purpose of promoting activities of Special Olympics and/or applying for funds to support these activities.
I will notify Special Olympics Indiana of any change to the information I have provided on this application within ninety days of its occurrence.

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

Signed: _____ Date: _____

Parent Signature (if applicant is under age 18): _____ Date: _____

Section D - PROGRAM AUTHORIZATION (to be completed by the Volunteer Supervisor)

Photo ID Checked: _____ (Driver's License # or Identification Card #)
County/Area Program: _____ Area _____
Volunteer Supervisor Signature: _____