

Please Check One Day Volunteer

Coach

Unified Partner

Area Management



**Special Olympics**  
*Mississippi*

# Volunteer Application

Office Use Only

GMS

BGC

Date: \_\_\_\_\_

**With the interest of the health and safety of our athletes and volunteers in mind,  
we ask your cooperation by providing the following information.**

**Please Print**

Full Name: \_\_\_\_\_  
Last First (given) Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Male  Female  Shirt Size \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Information**

Emergency Contact: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone or Pager: \_\_\_\_\_

**This section to be completed if applicant is 17 years old or younger.**

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Special Skills: Please check all that apply:**

Sport of Interest \_\_\_\_\_

CPR

Medical License (circle)

Sign Language

RN EMT MD

**Please list two (2) non-family references: (please print all information)**

1. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

**Please read before signing:**

I do hereby understand and/or confirm that:

- ◆ the information I have provided may be verified, and I give my permission to Special Olympics Mississippi to make inquiry of others including a criminal background check and or driving record check concerning my suitability to act as a Special Olympics Mississippi volunteer; I authorize and request others to make available to any duly authorized representative of Special Olympics Mississippi any information relevant to my position as a volunteer. I hereby waive any right I may have with regard to the release of this information to Special Olympics Mississippi.
- ◆ I authorize a review and full disclosure of all records, or any part thereof concerning myself by/to any duly authorized agent, and hereby authorize disclosure thereof to Special Olympics Mississippi. The intention of this authorization is to provide information to Special Olympics Mississippi in conjunction with my application to volunteer for this organization. The records to be reviewed and disclosed may be public or private records, and may include those records, which may be deemed to be of a privileged nature; I understand these records may be reviewed from time to time;
- ◆ a photocopy or facsimile of this release from will be valid as an original hereof, even though the photocopy does not contain an original writing of my signature. I agree to indemnify and hold harmless Special Olympics Mississippi and any person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request; in the course of volunteering for Special Olympics Mississippi may be dealing with confidential information, and I agree to keep said information in the strictest confidence;
- ◆ the relationship between Special Olympics Mississippi and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Mississippi.
- ◆ I grant Special Olympics Mississippi permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Mississippi.
- ◆ I am responsible for informing Special Olympics Mississippi of **ALL** changes regarding information contained in this application;
- ◆ I have been educated on the Special Olympics Mississippi Volunteer Code of Conduct and SOMS's general procedures for protecting athletes from abuse. I agree to abide by these guidelines for the benefit and safety of all participants in the Special Olympics Program;
- ◆ I am responsible for following and abiding by the Volunteer Code of Conduct as outlined in the Volunteer Handbook and/or Volunteer Event Handbook Supplement.

**Please answer the following questions:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you use illegal drugs?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever been convicted of a criminal offense?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been charged with neglect, abuse or assault?                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

**Signature of applicant must be in the presence of a Special Olympics Mississippi staff or Authorized Representative.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Special Olympics Mississippi Staff or Authorized Representative