



Special Olympics Arizona

Class A Volunteer Application (18 + years)

- This form is intended for Class A Volunteers affiliated with a local program or those who wish to apply for Class A status.
- A Class A Volunteer refers to those individuals noted as Area Director, Head of Delegation, GMT, LETR, Board of Directors, Coach, Assistant Coach, Chaperone, Unified Partner or anyone having financial or transportation responsibilities within a local SOAZ program.
- This form must be completed and an approval letter received before any volunteer participates in a Special Olympics activity.

Part 1 - General Information (please print)

Full Legal Name (* Required for background check, cannot volunteer with out)

*First: _____ *Middle: _____ *Last: _____

*Mailing Address: _____ Email: _____

*City: _____, Arizona *Zip Code: _____

Day Phone: _____ Cell Phone: _____ *DOB: _____ Age: _____

*Social Security Number: _____ Race: _____ Gender: Female Male

Employer / School / Organization: _____ Occupation: _____

*** A CLEAR COPY OF YOUR STATE ISSUED PHOTO ID IS REQUIRED WITH THIS APPLICATION ***

Part 2 - Volunteer Interest (please indicate the area(s) that you would like to volunteer for)

Area/Local Level: DELEGATION: _____ CONTACT: _____

- Area Management HOD Finance Fundraiser Games Management Team (competition) Sports Instructor
- Coach Chaperone Medical Services Unified Partner Other: _____

State Level: Data Entry Fundraiser Games Management Team(competition) Medical Services Officiating
 Public Relations Sports Instructor Any Other: _____

Part 3 - Background Information (All questions must be answered. All information is confidential)

- 1) Do you use illegal drugs? Yes No
- 2) Have you ever been convicted of a criminal offense?..... Yes No
- 3) Have you ever been charged with neglect, abuse, or assault? Yes No
- 4) Has your driver's license ever been suspended or revoked in any state? Yes No
- 5) Do you have a valid driver's license? Yes No **Driver's License #** _____

Please read and sign below:

- The relationship between Special Olympics Arizona and volunteers is an "at will " agreement and this application may be denied or the relationship may be terminated for any reason.
- The information I have provided will be verified by a background check or any other means deemed appropriate and I give permission to Special Olympics Arizona to make inquiry of others concerning my suitability to act as a Special Olympics Arizona volunteer.
- In the course of volunteering for Special Olympics Arizona, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Arizona permission to use my likeness, voice and words in televisions, radio, or in any form to promote activities of Special Olympics Arizona.
- I authorize Special Olympics Arizona to periodically access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be a volunteer for a position of trust over individuals with disabilities and convey that determination to the qualified entity. I hereby release Special Olympics Arizona, all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.
- I have read and agree to the correct code of conduct which refers to the volunteer position I am applying for (ex: Coaches Code of Conduct, Volunteer Code of Conduct, etc.).

By signing, I affirm I have read the above and the information I have given is true and complete and I agree to abide by the guidelines and stipulations for behavior and activities as specified by Special Olympics Arizona.

X _____
Signature

_____ Date

For Authorized Personnel Only - Photo ID verification

- By signing, I affirm all of Part 1- general information appears to be genuine and I have verified the information with a current photo ID.

X _____
Signature Date

For Office Use Only - Background Check

- Approved - No Restrictions
- Approved - Restricted from driving on behalf of SOAZ
- Disapproved

SOAZ Staff: _____ Date: _____