

For State/Community Use Only
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ID Checked Initials _____



State Office use only Class A B
ReceivedDate _____
.....Initials _____

Special Olympics
Alaska

VOLUNTEER APPLICATION

Area you will be working in: _____ Event Applying For: _____

Please print clearly.

Name: Mr./Mrs./Ms./Dr.: _____
last first middle initial

✉ Mailing Address: _____
address
city state zip code

☎ Phone (day): _____ ☎ Phone (eve): _____

Email Address: _____

Employer/School: _____

Occupation: _____ Position/Squadron: _____

Age Category: (circle one) under 16 16-21 over 21

Social Security # _____ Date of Birth _____

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 _____

Please list 2 reference, not family members

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

In event of an emergency, contact:

Name _____ Relationship _____ Phone _____

PLEASE READ BEFORE SIGNING:

I understand that:

- 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 it may be terminated at any time without cause by either the volunteer or Special Olympics Alaska.
- I grant Special Olympics Alaska permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics Alaska.
- I grant Special Olympics Alaska permission to conduct a criminal background check.

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

Signed _____ Date _____