



Volunteer Application

All applicants must show a **PHOTO ID** at time of registration – Form must be filled out completely – incomplete forms will be returned
PLEASE PRINT CLEARLY

Event: _____ Area: _____

County Volunteering In: _____ School/Agency (if applicable): _____

Volunteer Status (please check one):

CLASS A – Coach Chaperone Unified Partner Bus Driver

(All class "A" volunteers MUST sign an Authorization and Release for Criminal and Other Background Record Check Form on pg. 2)

CLASS B – Day of event volunteer Civic Group

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home#: _____ Mobile#: _____ Male Female

Email: _____ Employer/School: _____

Emergency Contact: _____ Emergency Contact#: _____

Social Security #: _____ Date of Birth: _____

Drivers License#: _____ Issuing State: _____

Must provide license # to drive on behalf of Special Olympics. No learners permits allowed.

Can we add you to our email distribution list to receive news and updates from Special Olympics Arkansas. Yes No

****This section to be completed if applicant is 17 years old or younger. (2) Non-family references required****

1. Name _____ Address _____

City/State/Zip _____ Home# _____ Work# _____

2. Name _____ Address _____

City/State/Zip _____ Home# _____ Work# _____

Questions 1-6 must be answered:

- 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 criminally charged with neglect, abuse or assault? Yes No
- 4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction? Yes No
- 5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? Yes No
- 6. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors? Yes No

Please read the following:

- In the course of volunteering for Special Olympics Arkansas, you may become aware of personal information, and you agree to keep said information in the strictest of confidence.
- You grant Special Olympics Arkansas permission to use your likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.
- You understand that the relationship between Special Olympics Arkansas and volunteers in an "at will" arrangement and that it may be terminated at any time, without cause, by the applicant or Special Olympics AR.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Return To: SOAR, 2115 Main Street, North Little Rock, AR 72114 - Fax 501-771-1020

Area Use Only:

Valid Photo ID Presented or Visual ID Check Performed? Yes No

Area Director Signature: _____ Date _____

**SPECIAL OLYMPICS ARKANSAS
CLASS 'A' VOLUNTEER APPLICANT'S
AUTHORIZATION AND RELEASE FOR
CRIMINAL AND OTHER BACKGROUND RECORD CHECK**

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Arkansas ("SOAR"), Securint, their agents, assigns or any other authorized third parties (collectively, "the Investigators") and/or the Arkansas State Police; may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information").

I understand that SOAR may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to by becoming a volunteer for SOAR and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

I have read this VOLUNTEER APPLICANT'S AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the Investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested Information to disclose such Information to Investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization required by Arkansas Law, and hereby authorize our third party, Securint, to receive my criminal records(s).

I understand that the background check as described above will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Class 'A' Adult Volunteer status in which case I will notify Special Olympics Arkansas.

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.

I am responsible for informing SOAR of all changes regarding information contained in this application.

Applicant's Signature _____ Date _____

VOLUNTEER APPLICATION - DISCLOSURE OF INTENT

Special Olympics Arkansas recognizes that some of the information sought in the volunteer application may be of a sensitive nature. We request this information because of the responsibility that we have to protect the well-being and safety of all participants in our program, and to promote a safe environment for all participants, including volunteers.

In order to ensure the safety of all involved, all Special Olympic Chapters are implementing the SOI - U.S. Volunteering Screening Policy by July 1, 2005. This information will only be used to conduct criminal background, including sex offender registries, and motor vehicular checks as mandated by Special Olympics, Inc. policy.

We are aware some of the applicants, who through their current employer, previously had a background screen completed. Special Olympics does not own the screening that was conducted through their current employer. Our SOI - U.S. Volunteer Screening Policy and our corporate insurance carrier, American Specialty, Inc. requires that our chapter, Special Olympics Arkansas, conduct and adopt our own background screening policy and procedure.

Special Olympics Arkansas presently has in place a policy that directs all SOAR employees to maintain the confidentiality of all information obtained as part of the volunteer application process, and we will endeavor to keep all sensitive information confidential.

Should you have any questions concerning the volunteer application, or SOAR's confidentiality policy, please feel free to contact us at 501-771-0222