Office Use Only:
Agency or Committee:_____

Role_____

Staff Initials_____

Class A Volunteer/Staff Application

Confidential

Please type or print

Name: _____
Last First Middle Initial Suffixes Maiden

SSN: ___ - ___ - ___ DOB: _____ (mm-dd-yy) Gender: M ____ F ___

Mailing Address: _____
Street City State Zip Country

Previous Address: _____
Street City State Zip Country

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Driver's License_____

Your Employer: _____ Occupation _____

Employer Address_____
Street City State Zip Country

Business Phone: (____) _____

❑ Check here to join our eFan community and receive relevant communciation through email. This keeps you informed and saves SOMO postage and printing costs.

PLEASE READ BEFORE SIGNING

- I grant Special Olympics Missouri permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Missouri.
- I authorize Special Olympics Missouri at its discretion to periodically access, review and obtain copies of state and federal criminal history records and make any reasonable efforts to determine whether I have been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, attempting to commit, or conspiring to commit, any crime that may bear 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 and hold harmless Special Olympics Missouri, including its Board of Directors and its agents, employees, officers, successors, heirs, executors, administrators and assigns and all persons, organizations, or government agencies from any and all claims, demands and causes of action which I may now or may ever have by reason of or on account of, authorizing the release of, accessing, obtaining copies of or furnishing such information.
- In the course of volunteering for Special Olympics, I understand 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 that may be terminated at any time without cause by either the volunteer or Special Olympics Missouri.
- I understand that it is my responsibility to notify Special Olympics Missouri of any change of information provided in this application during the time I serve as a Special Olympics volunteer.

Please answer the following questions:

1) Do you use illegal drugs? Yes No

If yes, explain what drug(s); how often you have used each drug; and the date(s) most recently used _____

_____

_____

2) Have you ever been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, attempting to commit, or conspiring to commit any crime, whether or not sentence was Imposed or executed?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

_____

_____

3) Have you ever been charged with any crime, (other than a minor traffic violation) or had a judgment or court order entered against you involving sexual or physical abuse of a minor or restricting your contact with a minor or involving allegations of domestic violence?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

_____

_____

4) Has your driver's license ever been suspended or revoked in any state? Yes No

If yes, please provide details, including dates, reason(s), venue and disposition: _____

_____

_____

5) Have you been convicted of, been found guilty of, or pled guilty or *nolo contendere* to committing, any traffic offense involving any moving violation, including careless or reckless driving, or any traffic offense related to the use of drugs or alcohol, including DWI or DUI, whether or not sentence was imposed or executed?

Yes No

If yes, please provide details, including dates, charge(s), venue and disposition: _____

_____

_____

I declare that I am the person referred to in this application, that the information supplied herein is true to the best of my knowledge, that I have read and understand this application and further understand that any false, misleading, or incomplete information substituted for accurate information will be grounds to immediately disqualify me from further consideration or remove me as a volunteer with Special Olympics Missouri.

Signature _____ Date: _____

In the event of an emergency, contact:

_____(_____)_____

Name Relationship Phone #

Updated 8/14/2019