

VOLUNTEER PROFILE FORM



PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Please return to Volunteer & Event Manager via fax: 404-745-0550
Or mail to: 1601 N. Ashley St., Suite 88, Valdosta, GA 31602
Or scan and email to: whitney.warren@specialolympicsga.org (Phone: 229-712-9973)
Visit us on the web: www.specialolympicsga.org

Check if you are a General Volunteer Coach Unified Partner Bus Driver
 GOC/Committee Member Local/Area Management Team Other (please list) _____

To expedite your application go to www.verifiedvolunteers.com and login to submit your background screen. (Enter Good Deed code: wnoc4cz)

FULL NAME _____ Date of Birth (Required): _____ Male Female
First Middle Last

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Cell Phone: _____ Home Phone: _____ Business Phone: _____

Fax Number: _____ Email address (Required): _____

Race (optional): Caucasian African American Hispanic/Latino Asian Other

Special Olympics Georgia Agency: _____ Area (1-18): _____

Please visit www.SpecialOlympics.org/ProtectiveBehaviors to complete Protective Behaviors Training. Date completed: _____

Do you use illegal drugs? _____ Have you ever been convicted of a criminal offense? _____

Have you ever been charged with and/or convicted of neglect, abuse, or assault? _____

Has your driver's license ever been suspended or revoked in any state or other jurisdiction? _____

Special Olympics Georgia requires all Class A volunteers to have a background screening performed. A list of volunteer positions that are required to be Class A status can be found on our website. If the position you are volunteering for is a Class A position, you will be notified via email and invited to submit your background screening through Verified Volunteers, Inc. As of January 1, 2015, we will require a cost share with all background screenings, and you will be required to pay \$3.00 for your background screening to be processed at the time of submission on the Verified Volunteers, Inc. website. Individuals **cannot** hold a Class A Volunteer position without a background screen on file with SOGA.

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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 Georgia and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Georgia.
- I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics.
- I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer.
- If I am required by Special Olympics Georgia to perform a background screening, I agree to pay \$3.00 for my background screening through Verified Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (229) 712-9973 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.

Volunteer's Signature _____

Date: _____

Signature of Parent or Guardian if Volunteer is a Minor _____

Date: _____

Print Full Name of Parent or Guardian _____