

VOLUNTEER / COACH / BUS DRIVER / NURSE / ETC. PROFILE FORM



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

Please return to Volunteer & Event Manager via fax: 770-216-8339.
Or mail to: 4000 Dekalb Technology Parkway, Suite 400, Building 400, Atlanta GA 30340
SOGA phone: 770-414-9390 x 120
Visit us on the web: www.specialolympicsga.org

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

FULL NAME _____ Date: _____ Gender: Male Female
First Middle Last

Address: _____ Apt. #: _____

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

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Email address: _____ Date of Birth: _____

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

Employer & Occupation: _____ Business/School/Civic Club Affiliation: _____

Special Olympic Agency: _____ Area: _____

PHOTO ID CHECK – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

Enclosed is a photo copy of my driver's license

I, _____ verify that the person on this Profile Form has represented his/her
(* Full name of representing Volunteer) identity to the best of my knowledge:

Signature of Class A Volunteer Date

*** Only the following volunteers can complete a photo ID check**

Please circle your volunteer status: • Local Coordinator • Local Management Team • Area Management Team •
• State Games Management Team • SOGA Staff

Please visit www.SpecialOlympics.org/ProtectiveBehaviors to complete Protective Behaviors Training.

Please list the date that the Protective Behaviors Training was completed: _____

How did you hear about Special Olympics Georgia? _____

- 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? Yes ___ No ___
- 5) Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? Yes ___ No ___

If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

**If you answered yes to any of the above questions, it does not automatically mean you will be ineligible to volunteer.*

List 2 non-family references:

Name:	Relationship:	Address or Phone Number:
1) _____	_____	_____
2) _____	_____	_____

In the event of an emergency, contact:

Name	Relationship	Phone
_____	_____	_____

PLEASE READ BEFORE SIGNING: I understand that:

- By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteerism now and, if applicable, during the tenure of my volunteer service with Special Olympics.
- By signing this form I release Special Olympics and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.
- 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 that it may be terminated at any time without cause by either the volunteer or Special Olympics.
- 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.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge (this information may be used for screening purposes). Please Print All Information:

Full Legal Name: _____
Maiden Name or other names used: _____
Present Address: _____
City/State/Zip: _____
How long? _____
Former Address: _____
City/State/Zip: _____
How Long? _____
Place of Birth (city,state) _____
Height _____ **Weight** _____ **Eyecolor** _____
Date of Birth: _____
Social Security Number: _____
Driver's License Number: _____
State of License: _____

IMPORTANT: All of the information on this form MUST be filled out completely INCLUDING your social security number. Forms that are not filled out entirely will not be processed.

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 (770) 414-9390 or 1 800 866-4400 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.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

Volunteer's Signature _____ **Date:** _____
Signature of Parent or Guardian if Volunteer is a Minor _____ **Date:** _____
Print Full Name of Parent or Guardian _____