

Special Olympics Colorado

RENEWAL- Class "A" Adult Volunteer Application

This form, including the Authorization and Release for a criminal background check on the reverse side, must be completed prior to participation by all persons 18 years or older who wish to volunteer for Special Olympics Colorado (SOCO). **Before you are approved to volunteer on a Class A level you must visit the Special Olympics Colorado (SOCO) website at www.specialolympicsco.org and take the online Protective Behaviors Training and Quiz. After completing the quiz your results will be emailed directly to the Volunteer & Family Manager – **Please, print the results and attach them to this application, as well.** After processing your COMPLETED application, you will then receive an acceptance/denial letter. Please, contact Kady Moore, Volunteer Manager, at kbm@specialolympicsco.org or 720.359.3103 with any questions regarding the application process.**

PLEASE INCLUDE WITH THIS APPLICATION: (if there are any missing items, the application will be returned)

- Social Security Number
- Photocopy of a Picture ID (must be able to read)
- Copy of Protective Behaviors results Date quiz was taken: _____

Full Legal Name: Mr. Mrs. Ms. Miss

First: _____ Middle: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____ Maiden Name (if applicable): _____ Date of Birth: _____ Social Security # (required for background screening): _____ _____ Driver's License #: _____ Please, list any other states in which you have previously held residence: _____	Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Pager/Cell: _____ Fax: _____ Email: _____
Emergency Contact: _____ Phone: _____ Relationship: _____ Send SOCO Communications to: (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Home Email <input type="checkbox"/> Work Email	

Send SOCO Communications to: (Check one) Home Work Home Email Work Email

SPECIAL OLYMPICS COLORADO PROGRAM: _____

POSITION HELD: _____

Please Answer the Following Questions:

- 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 or other jurisdiction? Yes _____ No _____
- 5) Other than the above, is there any fact or criminal circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of people with disabilities or handling of large sums of money? Yes _____ No _____
- 6) If you answered YES to any of the above, please explain:

7) As a Class "A" Volunteer, will you be transporting SOCO athletes? Yes _____ No _____

*Please note there is a \$5.00 search fee per driving record. Please consider including a check or money order payable to Special Olympics Colorado to help cover this cost.

Please read the following:

- In the course of volunteering for Special Olympics Colorado, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Colorado permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics and its mission.
- I understand that the relationship between Special Olympics Colorado 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 Colorado.

AUTHORIZATION AND RELEASE FOR CRIMINAL/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 Colorado (SOCO), Intellicorp, their agents, assigns or any other authorized third parties (collectively, “the Investigators”) may be performing, requesting, obtaining or conducting a background check on me.

I understand that SOCO may rely on any part or all of this information in determining whether to extend an offer of volunteer duties to me. I further understand that if any adverse action is taken by SOCO, or if SOCO chooses not to extend an offer of volunteer duties to me based upon the information, 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 my becoming a volunteer for SOCO and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties. I have read this ADULT “A” VOLUNTEER APPLICANT’S AUTHORIZATION AND RELEASE FOR CRIMINAL AND DRIVING BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check/motor vehicle report (if applicable) 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. I hereby authorize Intellicorp, to receive my criminal record(s).

I understand that a new application must be submitted and the background check as described above must 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 Adult “A” Volunteer status in which case I will notify Special Olympics Colorado.

Special Olympics Colorado Unified Sports® Partner Release and Waiver of Liability

In consideration of participating in Special Olympics Unified Sports® program, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I may incur as a result of my participation. I acknowledge that at any time if I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I am not able to give my consent for, or make my own arrangements for, that treatment because of my injuries, I authorize Special Olympics Colorado to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I release, indemnify, covenant not to sue, and hold harmless Special Olympics Colorado, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I may incur as a result of participation in Unified Sports® events and further agree that if, despite this ‘Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this ‘Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement’ and fully understand it. I affirm that I have read all pages of this Application and understand its meaning. I also affirm the information I have given is true and complete.

Applicant Signature: _____ Date: _____

**Please submit all completed original applications to
Special Olympics Colorado; Kady Moore
384 Inverness Parkway, Suite 100
Englewood, CO 80112**