

For State or Area Use Only  
Area \_\_\_\_\_  
ID Checked Initials \_\_\_\_\_



State Office use only Class A B C  
Background check Completed  
Date \_\_\_\_\_ Initials \_\_\_\_\_

**Special Olympics**  
*Alaska*

**VOLUNTEER APPLICATION**

Area you will be working in: \_\_\_\_\_ Event Applying For: \_\_\_\_\_

Please print clearly.

Name: Mr./Mrs./Ms./Dr.: \_\_\_\_\_  
last first middle initial

✉ Mailing Address: \_\_\_\_\_  
address  
city state zip code

☎ Phone (day): \_\_\_\_\_ ☎ Phone (eve): \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position/Squadron: \_\_\_\_\_

Age Category: (circle one) under 16 16-21 over 21

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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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? yes \_\_\_\_\_ no \_\_\_\_\_
- 

Please list 2 reference, not family members

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In event of an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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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 and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Alaska.
- I grant Special Olympics Alaska permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics Alaska.
- I grant Special Olympics Alaska permission to conduct a criminal background check.

I affirm that I have read the above and that the information I have given is true and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_