



# CLASS A VOLUNTEER REGISTRATION FORM MINOR

E-71

Class A Volunteers 17 years of age or younger must complete this form.

Volunteers must be at least 14 years of age to serve as a coach or chaperone.

**All applicants (16 and over) must complete Protective Behavior training prior to submitting a Class A Form**  
Please see the reverse side for instructions to complete the training.

AREA \_\_\_\_\_  
AGENCY# \_\_\_\_\_  
AGENCY NAME \_\_\_\_\_

**Please check the appropriate item that defines your role with Special Olympics Illinois.**

Coach \_\_\_\_\_ Chaperone \_\_\_\_\_ Unified Partner \_\_\_\_\_ Young Athlete \_\_\_\_\_ Other \_\_\_\_\_

**Section I:** All information is required unless indicated optional. If you do not have a driver's license, please mark NA on the appropriate line.

Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Full Middle Male Female

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Number Street Name Apartment/Suite/Unit  
City County State/Zip  
( )

Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
optional Day/Evening

**Section II: Background information. Please answer all questions.**

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with neglect, abuse, or assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your drivers license been suspended or revoked in any state, for moving violations within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If I answered yes, then I agree **not** to serve as a volunteer driver for Special Olympics Illinois. This includes driving for Special Olympics. This includes driving for Special Olympics to, from, and during all sanctioned events.**

**Section III:** Please attach the Minor Volunteer References Form to this application. Failure to submit the Reference Form will result in the application being returned to the volunteer for completion.

**Section IV: PLEASE READ BEFORE SIGNING.**

I agree as follows:

- I affirm, under penalty of perjury, that all answers and information are truthful and understand that Special Olympics Illinois (SO ILL) may refuse to allow me to volunteer if I provided incorrect information or withheld information;
- The relationship between SO ILL and volunteers is an "at will" arrangement and it may be terminated at any time, without reason or cause by either party;
- I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, film, websites or in any other form, format or media to promote Special Olympics, its mission and to raise funds for Special Olympics;
- I have read, understand and agree with the terms of the SO ILL Coaches/Volunteer Conduct Policy;
- I acknowledge that upon reaching the age of 18 I will be required to complete a new Class A Volunteer Form and complete a national background check to remain active as a Class A volunteer;
- I will notify SO ILL of all changes to the information provided on this original form.

Minor Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor Volunteer \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**AGENCY REPRESENTATIVE AUTHORIZATION**

Please sign and date this form to verify you have checked this individual's photo identification to the extent available.

Signature of Agency Representative (Head Coach/Director/SOAD) \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY**

Accepted \_\_\_\_\_

Rejected \_\_\_\_\_  
as a Class A Volunteer

Signature of SO ILL Representative \_\_\_\_\_

Date \_\_\_\_\_

**SEND AGENCY FORMS TO YOUR AREA DIRECTOR.**

SO ILL REV. 8/1/07

**NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE IS APPROVED BY SPECIAL OLYMPICS ILLINOIS. FAXED FORMS WILL NOT BE ACCEPTED.**



# SPECIAL OLYMPICS ILLINOIS MINOR CLASS A VOLUNTEER REFERENCES FORM

SO ILL REV. 8/1/06

All minors completing a Class A Volunteer Form must complete this form and attach it to their application prior to submitting it to Special Olympics Illinois.

Please provide two personal/professional references. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years of age.

### Reference #1

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (Name of Applicant) in either a personal or professional capacity;
2. I am at least 18 years of age and am not a legal guardian or relative of the Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

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Signature Print Full Name Date

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Phone number of reference Best time to call

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Relationship to applicant Organization/Institution of reference

### Reference #2

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (Name of Applicant) in either a personal or professional capacity;
2. I am at least 18 years of age and am not a legal guardian or relative of the Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

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Signature Print Full Name Date

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Phone number of reference Best time to call

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Relationship to applicant Organization/Institution of reference