



# CLASS A VOLUNTEER REGISTRATION FORM ADULT

E-69

Class A Volunteers 18 years of age or older must complete this form.

**All applicants 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 list two non-family member references and their contact information. By providing these references I am authorizing Special Olympics Illinois to contact them in reference to my volunteer application.

|    | Name | Relationship | Phone Number | Best time to call |
|----|------|--------------|--------------|-------------------|
| 1. |      |              |              |                   |
| 2. |      |              |              |                   |

**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;
- I give permission for SO ILL to obtain information relating to my criminal history records including arrest and conviction data, plea bargains and deferred adjudications;
- I understand and acknowledge that as long as I remain a volunteer with SO ILL, the criminal history checks will be repeated every three years;
- 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 and the organizational Policy & Procedures
- I waive, release, and discharge SO ILL, its officers, directors, employees, volunteers, agents, and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with SO ILL conducting criminal history checks on me;
- I will notify SO ILL of all changes to the information provided on this original form.

Adult Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

### AGENCY REPRESENTATIVE AUTHORIZATION

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

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.**

Class A volunteers 17 years of age and younger must complete the Class A Form for Minors

**NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE HAS BEEN APPROVED BY SPECIAL OLYMPICS ILLINOIS**

**Instructions for the person completing the form:**

All information, unless listed as optional, must be filled in completely. Forms with blank sections will not be accepted

**Instructions to complete Protective Behavior training**

The Protective Behavior training is offered on-line at <http://www.specialolympics.org/protectivebehaviors>

Go to the website and complete the course as prompted by the materials. If you cannot obtain access to the internet, then please contact Special Olympics Illinois at 309/888-2551 and ask for the Sports Training and Competition secretary who will provide information regarding options to complete the required training. Completing the course on-line is the easiest option for volunteers so please try to utilize this option prior to calling Special Olympics.

**Area #, Agency # & Agency Name**

Please complete each of these items. If you do not know this information then please contact your Area Director or SO ILL staff liaison.

**Coach, Chaperone, Unified Partner, Young Athlete or Other**

Please indicate the definition that best describes your role. If you actually train and coach athletes then indicate coach. If you attend events to oversee athletes but do not coach then indicate chaperone.

**Section I: All information is required unless indicated otherwise. Failure to provide required information will result in your application being rejected.**

Please provide your complete legal name including full middle name. Your complete mailing address and contact phone numbers are required. Date of birth, gender and social security number are required to complete criminal background screenings.

If you do not have a driver's license then please write none or NA in the provided space. Failure to provide a valid driver's license number will result in a driving restriction being placed on your record.

**Section II**

Everyone must answer all questions listed in this section and then adhere to the explained restriction if a yes answer is provided for the driver's license suspension question.

**Section III**

All information requested for references must be provided.

**Section IV**

Please read this section carefully and then sign and date the form.

**After You Have Completed the Form**

Submit the form to your Head Coach who will then verify your identity. If you are the Head Coach then please have another approved Class A volunteer from your agency verify your identity.

**Instructions for Head Coaches**

Review the form to ensure that all information, signatures and dates are provided. Please do not submit forms that do not include social security numbers, date of birth and gender. This information is required and forms will not be accepted without this information. Complete the identity verification for the individual. Head Coaches must visually look at the individual's photo identification and then complete the information requested in the Agency Representative Section. Please sign and date the form and print your name. Send completed forms to your Area Director.

**Instructions for Area Director/Staff Member**

Review the form to ensure that all information, signatures and dates are provided. Please do not submit forms that do not include social security numbers, date of birth and gender. This information is required and forms will not be accepted without this information. Review the Agency Authorization Section to ensure the agency completed the identity verification. Completed forms must be forwarded to the Special Olympics Illinois Normal office for approval.

**Special Olympics Illinois Procedures**

All forms will be reviewed for completeness. Incomplete forms will be returned for completion. Completed forms will be submitted for a national criminal background screening. Criminal background screening information will be reviewed and all individuals will then either be approved or denied as volunteers. All volunteers will be informed, in writing, of their acceptance or denial. Individuals accepted as volunteers will also receive an approved copy of their volunteer application.

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