

Special Olympics South Dakota Class A Volunteer Application

Return to: Special Olympics South Dakota ** 800 E. I-90 Lane ** Sioux Falls, SD 57104
Local: 605.331.4117 ** Toll Free: 1.800.585.2114 ** Fax: 605.331.4328

Volunteers 18 years and over must complete Sections 1-3 / Volunteers 17 years and under must complete Sections 1 & 4
It is imperative we have your full and complete name, i.e. William, not Bill. Christopher, not Chris

Section 1	Last Name	First Name	Middle Name	
	Physical Address	City	State	Zip
	Mailing Address (If different from physical address)	City	State	Zip
	Sioux Falls Fireworks Special Olympics Delegation (Program Name)	Birth Date	Month / Day / Year	Year
	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Telephone Number	E-mail	

Social Security Number	Driver's License # & Issuing State	If you are 18 years old or older, this information MUST be provided
------------------------	------------------------------------	--

Section 2	<i>This section MUST be completed. All information is confidential.</i>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Do you use illegal drugs?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Have you ever been convicted of a criminal offence?		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Have you ever been charged with neglect, abuse, or assault?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Has your driver's license ever been suspended or revoked in any State?			

Section 3	PLEASE READ BEFORE SIGNING. I understand that:	
	❖ The information that I have provided may be verified, and I give permission to Special Olympics South Dakota to make inquiry of others concerning my suitability to act as a Special Olympics South Dakota volunteer;	
	❖ In the course of volunteering for Special Olympics South Dakota, I may be dealing with <u>confidential</u> information and I agree to keep said information in the strictest confidence;	
	❖ The relationship between Special Olympics South Dakota and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics South Dakota.	
	❖ I grant Special Olympics South Dakota permission to use my likeness, voice and words in television, radio, film, or in any form to promote activities of Special Olympics South Dakota.	
<input type="checkbox"/> I affirm I have read the above information and that the information I have given is true and complete.		
<input type="checkbox"/> I affirm I have completed the on-line Protective Behaviors training found at www.sosd.org .		
Signed	Date:	

For office use only:

Approved: _____ Restricted: _____ Denied: _____ Date: _____

Applicants 17 years and under must complete this section:

- Your references 1) Cannot be your legal guardian 2) Cannot be related to you 3) Must be at least 18 years of age

Section 4

Reference #1

By signing below, I confirm the following:

1. I know this 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 Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not posses any information that would cause me to believe Applicant would pose any undue risk to Special Olympcics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

Reference #2

By signing below, I confirm the following:

1. I know this 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 Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not posses any information that would cause me to believe Applicant would pose any undue risk to Special Olympcics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

- ❖ The information that I have provided may be verified, and I give permission to Special Olympics South Dakota to make inquiry of others concerning my suitability to act as a Special Olympics South Dakota volunteer;
- ❖ In the course of volunteering for Special Olympics South Dakota, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- ❖ The relationship between Special Olympics South Dakota and volunteers is an “at will” arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics South Dakota.
- ❖ I grant Special Olympics South Dakota permission to use my likeness, voice and words in television, radio, film, or in any form to promote activities of Special Olympics South Dakota.

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

I affirm I have completed the on-line Protective Behaviors training found at www.sosd.org.

Signature of Parent/Guardian:

Date:

Telephone: