

Volunteer Information/Application



Please Return To:

Special Olympics Oregon
5901 SW Macadam Avenue
Portland, OR 97239

Name: _____
Last First Middle Initial

Street Address Apt. # County

City ST ZIP

Date of Birth: _____ Social Security #: _____ email _____

Phone: Day _____ Evening _____ Can you be contacted at work? YES NO

Employer/ School Name: _____ Occupation: _____

Street Address

City ST ZIP

If you are volunteering as part of a company or group volunteer program, specify the group: _____

In the event of an emergency, please contact: _____

Name Phone Relationship

- Do you use illegal drugs? Yes _____ No _____
 - Have you ever been convicted of a criminal offense? Yes _____ Date _____ No _____
 - Have you ever been charged with neglect, abuse or assault? Yes _____ Date _____ No _____
 - Has your driver's license ever been suspended or revoked in any state? Yes _____ Date _____ No _____
- If you answered "Yes" to any of the above questions, please attach a written explanation.*

List 2 non-family references:

Name Relationship Address or Phone

- _____
- _____

Please Read Before Signing:

I understand that:

- The information I have provided may be verified, and I give permission to Special Olympics Oregon, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Oregon volunteer.
- In the course of volunteering for Special Olympics Oregon, 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.
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

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

Signed _____ Date _____

Parent Signature _____ Date _____
(If volunteer is under 18)

For Office Use Only:

_____ # _____
Driver's License Student ID

Other (indicate) _____

Signature of S.O. Representative _____ Date _____

Coach: YES NO

Sport(s): _____

Date REC'D: _____ Date Contacted: _____

Date Entered: _____

FOR OFFICE USE ONLY