



# Adult Class A Volunteer Application



- A Class A Volunteer has regular, close physical contact with athletes, is in a position of authority or supervision with athletes, is in a position of trust of athletes and /or handles cash, checks or other assets of SOKS.
- To serve as a an Adult Class A Volunteer for Special Olympics Kansas, you must complete the following:
  - 1) Go to [www.kssso.org/](http://www.kssso.org/)
  - 2) Find and join a Local Team or Committee
  - 3) Submit Adult Class A Volunteer Application:  
5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@kssso.org
  - 4) Complete Online Protective Behaviors Training [www.kssso.org/pb](http://www.kssso.org/pb)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_F \_\_\_M

Email(s): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

I'm applying as a (mark all that apply):

- Coach
- Local Program Coordinator
- Team Assistant
- Games Management Team
- Unified Partner
- Law Enforcement Torch Run

**LOCAL TEAM/COMMITTEE NAME:**

\_\_\_\_\_  
*(ex. Bayside Tigers, Summer Games GMT, Heroes Pull Committee)*

### Please Answer the Following Questions:

- Do you use illegal drugs?  Yes  No
- Have you ever been convicted of a 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 the past 3 years?  Yes\*  No

\* If yes, please provide: DL# \_\_\_\_\_ State \_\_\_\_\_

### Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Kansas and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by either the volunteer or Special Olympics Kansas.
- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.

### AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer and/or for continuing volunteer services for Special Olympics Kansas ("SOKS"), General Information Services, Inc., their agents, assigns or any other authorized third parties (collectively, "the Investigators") **and/or** local and state law enforcement agencies may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information").

I understand that SOKS may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOKS or if SOKS chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information.

I have read this CLASS A VOLUNTEER APPLICATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of, or in possession of, the requested Information, to disclose such Information to Investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization, and I hereby authorize the Investigators to receive my criminal record(s).

I understand that the background check as described above will be conducted again on or after the cycle date of this application and every cycle period thereafter unless I am no longer seeking Class A Volunteer status, in which case I will notify Special Olympics Kansas.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date