

SPECIAL OLYMPICS LOUISIANA
ACKNOWLEDGEMENT AND CONSENT FOR BACKGROUND INVESTIGATION

I acknowledge and understand that as a prerequisite to becoming a volunteer with Special Olympics Louisiana (“SOLA”), and also that if I am already a volunteer with SOLA, as a condition of continuing my volunteer relationship with SOLA, that SOLA may conduct investigations concerning my background and that the investigations may include obtaining information about my character, personal characteristics, general reputation, lifestyle and criminal history. The background investigation may include interviewing family members and acquaintances, searching records of courts, administrative agencies, law enforcement agencies and any other investigative steps, which SOLA deems appropriate. I also understand that SOLA needs my date of birth, social security number and driver’s license number in order to conduct the investigations.

I acknowledge that I have been notified of SOLA’s intent to conduct background investigations and hereby give my voluntary consent and authorization for SOLA to conduct these investigations. I further understand that I may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted. Further, I hereby consent to the release of any information and documents to SOLA or persons conducting the investigations and/or preparing such information on its behalf. I understand that the information obtained will be used, in part, to determine my eligibility to volunteer with SOLA. I further understand that information obtained through the investigations may preclude me from volunteering with SOLA, or, if I already have a volunteer relationship with SOLA, may preclude me from volunteering in the future. I also acknowledge that I was given the opportunity to withdraw my volunteer application if I did not want investigations conducted on my background, but I voluntarily chose to continue with the application process and to consent to these investigations. I further acknowledge that refusal to consent to an investigation at any time during my volunteer relationship with SOLA may preclude me from continuing to serve as a volunteer.

By signing below, I hereby give my consent and authorization to SOLA to conduct a background investigation on me prior to becoming a volunteer with SOLA, as well as at any time during my volunteer relationship with SOLA. I understand that this is a blanket authorization that can be used by SOLA to conduct background investigations on me at any time during my volunteer relationship with SOLA, without further notice.

I hereby hold harmless and release SOLA and its officers, directors, employees and agents, from any liability for the investigations, and any action taken as a result of information obtained through the investigations. I further hold harmless and release any person or entity providing information in good faith to SOLA or to any person conducting the investigations on its behalf.

Applicant/Volunteer Signature	Date	<input type="checkbox"/> Your Role in SOLA (please circle one)	
Print Full Name	Date of Birth	Coach/ Volunteer	
Social Security Number	Driver’s License Number	Staff/ Board Member	
Special Olympics Area	Email Address		
School Facility (coaches only)			
Address	City	Zip	Phone