Volunteer/Coach Registration Form

Delegation:

REVISED: April 2005

Social Security Number ___ - __ - ____ Function Code ____ (M/F) ___

Last Name _____ First Name _____

School/Agency Name _____

Street Address _____

City _____ State __ Zip Code _____

Home Phone (including area code) ___ - ___ - ____ Work Phone (including area code) ___ - ___ - ____ Extension ___

Email Address:_____

1. Do you use illegal drugs? 9 Yes 9 No
2. Have you ever been convicted of a criminal offense? 9 Yes 9 No
3. Have you ever been charged with neglect, abuse, or assault? 9 Yes 9 No
4. Has your driver's license ever been suspended or revoked in any state? 9 Yes 9 No

List two non-family references:

	Name	Relationship	Address	Phone
1.	_____	_____	_____	(_____)_____
2.	_____	_____	_____	(_____)_____

PLEASE READ BEFORE SIGNING:

I understand that:

< The information that I have provided may be verified, and I give permission to Special Olympics Louisiana to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;

< In the course of volunteering for Special Olympics, 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 that it may be terminated at any time without cause by either the volunteer or Special Olympics;

< I grant Special Olympics Louisiana permission to use my likeness, voice, and words in television, radio, film, or in 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, if minor)

In the event of an emergency, contact _____, _____ (_____)
Name Relationship Phone

ID Verification: _____ _____
Driver's License No. Student ID No. Other - Indicate

Signature of Area/Parish Director or Committee Chair:_____