



CLASS A VOLUNTEER REGISTRATION FORM MINOR

E-61

Class A Volunteers 17 years of age or younger must complete this form.

Volunteers must be at least 14 years of age to serve as a coach or chaperone.

All applicants 16 years and older must complete Protective Behavior Training and attach verification of completion prior to submitting a Class A Form
Please see the reverse side for instructions to complete the training.

AREA _____
AGENCY# _____
AGENCY NAME _____

Please check the appropriate item that defines your role with Special Olympics Illinois.

Coach _____ Chaperone _____ Unified Partner _____ Young Athlete _____ Other _____

Section I: All information is required unless indicated optional. If you do not have a driver's license, please mark NA on the appropriate line.

Full Legal Name			Gender	
Last	First	Full Middle	Male	Female
DOB	Social Security #	Drivers License #		
Month/Day/Year				
Mailing Address			Apartment/Suite/Unit	
Number	Street Name			
City	County	State/Zip		
Email Address		Phone	Day/Evening	

Section II: Background information. Please answer all questions.

Do you use illegal drugs?	Yes _____	No _____
Have you ever been convicted of any 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 any state, for moving violations within the last seven years?	Yes _____	No _____

** If I answered yes, then I agree **not** to serve as a volunteer driver for Special Olympics Illinois. This includes driving for Special Olympics. This includes driving for Special Olympics to, from, and during all sanctioned events.

Section III: Please attach the Minor Volunteer References Form to this application. Failure to submit the Reference Form will result in the application being returned to the volunteer for completion.

Section IV: PLEASE READ BEFORE SIGNING.

I agree as follows:

- I affirm, under penalty of perjury, that all answers and information are truthful and understand that Special Olympics Illinois (SO ILL) may refuse to allow me to volunteer if I provided incorrect information or withheld information;
- The relationship between SO ILL and volunteers is an "at will" arrangement and it may be terminated at any time, without reason or cause by either party;
- I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, film, websites or in any other form, format or media to promote Special Olympics, its mission and to raise funds for Special Olympics;
- I have read, understand and agree with the terms of the SO ILL Coaches/Volunteer Conduct Policy;
- I acknowledge that upon reaching the age of 18 I will be required to complete a new Class A Volunteer Form and complete a national background check to remain active as a Class A volunteer;
- I will notify SO ILL of all changes to the information provided on this original form.

Minor Volunteer Signature _____ Date _____

Signature of Parent/Guardian of Minor Volunteer _____ Print Full Name _____ Date _____

AGENCY REPRESENTATIVE AUTHORIZATION

Please sign and date this form to verify you have checked this individual's photo identification to the extent available.

Signature of Agency Representative (Head Coach/Director/SOAD) _____ Print Full Name _____ Date _____

USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY	
Accepted _____	
Rejected _____	
as a Class A Volunteer	
Signature of SO ILL Representative _____	
Date _____	

SEND AGENCY FORMS TO YOUR AREA DIRECTOR.

SO ILL REV. 8/1/08

NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE IS APPROVED BY SPECIAL OLYMPICS ILLINOIS. FAXED FORMS WILL NOT BE ACCEPTED.



**SPECIAL OLYMPICS ILLINOIS
MINOR CLASS A VOLUNTEER REFERENCES FORM**

SO ILL REV. 8/1/08

All minors completing a Class A Volunteer Form must complete this form and attach it to their application prior to submitting it to Special Olympics Illinois.

Please provide two personal/professional references. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years of age.

Reference #1

By signing below, I confirm the following:

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

Signature _____ Print Full Name _____ Date _____

Phone number of reference _____ Best time to call _____

Relationship to applicant _____ Organization/Institution of reference _____

Reference #2

By signing below, I confirm the following:

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

Signature _____ Print Full Name _____ Date _____

Phone number of reference _____ Best time to call _____

Relationship to applicant _____ Organization/Institution of reference _____