



Event: \_\_\_\_\_  
 Type of Photo ID presented \_\_\_\_\_



## Special Olympics Maryland Event Day Volunteer Application

In accordance with the Special Olympics Volunteer Screening Policy and with the interest of the health and safety of all participants in mind, we ask your cooperation by fully completing the requested information. **ALL information is required and confidential.** **Please Print Legibly**

Name: \_\_\_\_\_

**Complete Full Last Name**
**Complete Full First (given)**
**Complete Full Middle Name**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact and Health Insurance Information**

Emergency Contact Name: \_\_\_\_\_

Relationship to you \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please read each statement before signing: I do hereby understand and confirm that:**

- I have completed the General Orientation/Protective Behaviors session for volunteers and have been educated on the Special Olympics Maryland Volunteer Code of Conduct and SOMD's general procedures for protecting athletes from abuse. I agree to abide by these guidelines for the benefit and safety of all participants in the Special Olympics Program;
- I give my permission to Special Olympics Maryland to verify the information I have given and to conduct a criminal background screening and/or driving record screening;
- I authorize others to make available to any duly authorized representative of Special Olympics Maryland any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Special Olympics Maryland;
- I agree to indemnify and hold harmless Special Olympics Maryland and any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of this request;
- in the course of volunteering for Special Olympics Maryland, I may be dealing with confidential information, and I agree to keep that information in the strictest confidence;
- the relationship between Special Olympics Maryland and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Maryland;
- I grant Special Olympics Maryland permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Maryland;
- I am responsible for informing Special Olympics Maryland of **ALL** changes regarding information contained in this application, and that I may be asked to provide updated information at any time.

**Please answer the following questions:**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Do you use illegal drugs?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Have you ever been convicted of, or granted probation before judgment for:<br>a) a criminal offense; or b) driving while impaired, intoxicated, or under the influence of alcohol or drugs? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Have you ever been charged (as an adult or juvenile) with neglect, abuse or assault?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Within the past five (5) years, have you been at fault for two (2) or more traffic accidents, or had your automobile insurance cancelled for safety reasons?                                | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

I affirm that I have read and understand this Volunteer Application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section to be completed for ANY applicant 17 years old or younger.**

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Applicant:**  Parent  Guardian  Other \_\_\_\_\_ **Primary Phone # :** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_