

CLASS "A" AND "B" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING (Class B volunteers are those who have casual or limited contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

Please print in ink

Do you use illegal drugs? Yes No

Have you ever been convicted of a criminal offense in Pennsylvania or any other state? If yes, what state? _____ Yes No

Have you ever been charged with neglect, abuse, assault or other crimes against a minor? Yes No

Has your drivers license ever been suspended or revoked in any state? Yes No

If yes, when/where? _____ / _____ / _____

FOR VOLUNTEERS PROVIDING TRANSPORTATION FOR ATHLETES OR OTHER VOLUNTEERS

Drivers License # _____ Auto Insurance Carrier _____ Policy # _____

As a "Class A" volunteer, do you understand that you will be required to have a PA Criminal Record Check completed **BEFORE** being assigned? Yes No

List 2 non-family references:

1)	_____	_____	_____
	Name	Relationship	Address & Phone Number
2)	_____	_____	_____
	Name	Relationship	Address & Phone Number

CLASS "A" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING (Class A volunteers are those who are in immediate contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

please print in ink

I am providing the following additional information for the Criminal Record Check to be performed. When it is returned without activity (to the local program), I understand that I will be notified and may begin my Class A position with Special Olympics Pennsylvania. If activity exists, I will be notified and will be given the opportunity and instructions regarding filing a Letter of Exemption with the state office.

Sex: Male Female Race: _____ Social Security Number: _____ / _____ / _____

Maiden Name / Aliases: _____

VOLUNTEER INTERESTS

Please help us make your volunteer experience as pleasant as possible by indicating your areas of interest. Please remember that your interests may not be needed and we may need to assign you to another position.

Volunteer Location

State level
Local level

Time Commitment

One Day
Year Round
Seasonal
 Winter
 Spring
 Summer
 Fall

Administration

Management Team

Competition
Families
Fund Raising
Outreach
Public Relations
Secretary
Training
Treasurer
Other _____
Other _____

Program Assistants

Fund Raising Assistant
Inventory Assistant
Office Assistant
Other _____

Training

Coaching
Manager
Sports _____

Other _____

Competition

Event Director
Sports _____

Other _____

Other

Please indicate your assistance:



Special Olympics
Pennsylvania