Special Olympics Colorado
Class "A" Adult Volunteer Application

This form, including the Authorization and Release for a criminal background check on the reverse side, must be completed prior to participation by all persons 18 years or older who wish to volunteer for Special Olympics Colorado (SOCO). Volunteer positions include, but are not limited to, coaches, chaperones, ALP's mentors, local program coordinators, overnight hosts, Unified Sports® partners, individuals that handle large sums of money, drivers and/or positions that otherwise result in a manner of regular close contact with Special Olympics athletes.

PLEASE INCLUDE WITH THIS APPLICATION: (if there are any missing items, the application will be returned)

- ☐ Social Security Number
- ☐ Photocopy of a Picture ID (must be able to read)
- ☐ Driving Release Form ☐ N/A – I do not intend to drive athletes
- ☐ Copy of Protective Behaviors results Date quiz was taken: _____

Full Legal Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First: _____ **Middle:** _____ **Last:** _____

Verification of ID: ☐ Attached is a copy of driver's license or passport (A copy of photo identification is required)

Mailing Address: ☐ **Please check if new**	**Work Address:** ☐ **Please check if new**
Address: _____	Company: _____
City: _____	Address: _____
State: _____ Zip: _____	City: _____
Phone: _____	State: _____ Zip: _____
Cell: _____	Phone: _____
Fax: _____	Pager/Cell: _____
Email: _____	Fax: _____
	Email: _____

Send SOCO Communications to: (Check one) ☐Home ☐Work ☐Home Email ☐Work Email

Special Olympics Colorado Affiliation: (i.e. name of local program, team name, city or volunteer group)

_____

Position of Interest: Please circle all that apply: Coach, Unified Sports® Partner, Chaperone, ALP's mentor, Local Program Coordinator, Overnight Host, Driver, Financial Volunteer or Young Athletes Coach (for YAP participants only) **If you are interested in applying for a position that is not listed please complete a Class B Volunteer Form.**

_____

As a Class "A" Volunteer, will you be transporting SOCO athletes? Yes _____ No ____

If you plan on transporting SOCO athletes please sign the Driving Record Release Form

*Please note there is a $2.20 search fee per record. Please consider including a check or money order payable to Special Olympics Colorado to help cover this cost

Please Answer the Following Questions:

1) Do you use illegal drugs? Yes _____ No_____
2) Have you ever been convicted of a criminal offense? Yes _____ No_____
3) Have you ever been charged with neglect, abuse or assault? Yes _____ No_____
4) Has your Drivers License ever been suspended or revoked in any state or other jurisdiction? Yes _____ No_____
5) Other than the above, is there any fact or criminal circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of people with disabilities or handling of large sums of money? Yes _____ No_____

If you answered YES to any of the above, please explain: _____

_____

_____

Please read the following:

- In the course of volunteering for Special Olympics Colorado, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Colorado permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics and its mission.
- I understand that the relationship between Special Olympics Colorado 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 Colorado.

AUTHORIZATION AND RELEASE FOR CRIMINAL/BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Colorado (SOCO), Intellicorp, their agents, assigns or any other authorized third parties (collectively, "the Investigators") may be performing, requesting, obtaining or conducting a background check on me.

I understand that SOCO may rely on any part or all of this information in determining whether to extend an offer of volunteer duties to me. I further understand that if any adverse action is taken by SOCO, or if SOCO chooses not to extend an offer of volunteer duties to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOCO and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

I have read this ADULT "A" VOLUNTEER APPLICANT'S AUTHORIZATION AND RELEASE FOR CRIMINAL AND DRIVING BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the Investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to Investigators in connection with this background check. I hereby authorize Intellicorp, to receive my criminal record(s).

I understand that a new application must be submitted and the background check as described above must be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult "A" Volunteer status in which case I will notify Special Olympics Colorado.

_____

Please list all other states in which you have previously held residence.

_____ _____

Printed Name Maiden Name or Alias (if applicable)

_____ _____

Drivers License Number and State Date of Birth

_____

Social Security Number (Required for Background Screening)

Please indicate a person to contact in case of an emergency:

Name: _____Relation:_____Phone:_____

I affirm that I have read all pages of this Application and understand its meaning. I also affirm the information I have given is true and complete.

Applicant Signature:_____Date:_____

Before you are approved to volunteer on a Class A level you must visit the Special Olympics Colorado (SOCO) website at www.specialolympicsco.org and take the online Protective Behaviors Training and Quiz. After completing the quiz your results will be emailed directly to the volunteer coordinator - **Please also print them out and attach them to this application.** After receiving your COMPLETED application, you will then receive an acceptance/denial letter. If you do not have access to the internet please call Kady Moore, Volunteer Manager at 720.359.3103 and a hardcopy will be mailed to you. Please feel free to call with any questions regarding the application process.

Please return all completed original applications to
Special Olympics Colorado; Kady Moore

384 Inverness Parkway, Suite 100
Englewood, CO 80112

Special Olympics
Colorado

Those individuals applying for Unified Sports® partner need to read the following statement and sign below

Special Olympics Colorado
Unified Sports® Partner
Release and Waiver of Liability

In consideration of participating in Special Olympics Unified Sports® program, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I may incur as a result of my participation. I acknowledge that at any time if I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I am not able to give my consent for, or make my own arrangements for, that treatment because of my injuries, I authorize Special Olympics Colorado to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I release, indemnify, covenant not to sue, and hold harmless Special Olympics Colorado, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I may incur as a result of participation in Unified Sports® events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

_____ _____
Signature of Unified Sports® Partner Date

Please return all completed original applications to
Special Olympics Colorado; Kady Moore
384 Inverness Parkway, Suite 100
Englewood, CO 80112

DR 2559 (10/13/05)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL
DENVER CO 80261-0016
(303) 205-5613

SEARCH FEE
$2.20

PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS
and REQUESTOR RELEASE AND AFFIDAVIT OF INTENDED USE

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

I *(please print)* _____ hereby authorize the release of personal information as contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

OR

I *(please print)* _____ am the parent or legal gaurdian of *(please print)* _____ and hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to the requestor identified below pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206, §42-3-125 C.R.S.).

Driver's Date of Birth _____ Driver's License Number _____

Signature _____ Date _____

Release Records to (name) Kady Moore Driver's License Number _____ State CO
Company (if applicable) Special Olympics Colorado
Address 384 Inverness Parkway
City Englewood State CO ZIP Code 80112

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.

Signature of Requestor Kady Moore Date 7/25/11

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.