Please send this completed form to

Special Olympics Vermont

Department of Public Safety
Vermont Criminal Information Center

368 Avenue D, Suite 30, Williston, VT 05495

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

SOVT IS A VP AGENCY. OUR AGENCY CODE IS : 01166VP

Name to be checked: TYPE OR PRINT LEGIBLY

/___/

Last Name

/___/

First Name

/___/___/___ MO /Day /Year
Date of birth (required)

Male / Female
(circle one)

/___/___/___/-/___/___/-/___/___/___/___/
Social Security Number

/___/
/___/

ALLIAS NAMES (if applicable)

Special Olympics Vermont "A" Class Volunteer Form

Local Program Name (Addison, Chittenden, etc.)	Your Street Address

E-Mail Home	Phone Home	City	ST	Zip

Employer work	E-Mail Work	Phone Work	I can be contacted at
			☐ Yes ☐ No

In Case of Emergency

Name	Relationship	Phone (day)	Phone (evening)

Do you use illegal drugs?	☐ Yes ☐ No
Have you been convicted of a criminal offence?	☐ Yes ☐ No
Have you been charged in a court of law with neglect, abuse or assault?	☐ Yes ☐ No
Has your driver's license ever been suspended or revoked in any state?	☐ Yes ☐ No

Please read before signing:

I understand that:

- ✓ The information that I have provided may be verified and I give permission to Special Olympics Vermont to make inquiry of others concerning suitability to act as a Special Olympics Vermont Volunteer.
- ✓ In the course of volunteering for Special Olympics Vermont, I may be dealing with confidential information and I agree to keel said information in the strictest confidence.
- ✓ I Grant Special Olympics Vermont permission to use my likeness voice and words on TV, radio, film or in any form to promote activities of Special Olympics.
- ✓ I hereby agree to release, discharge and hold harmless Special Olympics Vermont, it's officers, agents, its director and employees' of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics Vermont.
- ✓ I grant Special Olympics Vermont and its employees and agents to take whatever measures that are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment.

I affirm that I have read the above and that the information I have given on this application is true and complete.

Signed____ Date__________________

This information will only be used by Special Olympics and not be shared or sold beyond the organization.