



Special Olympics

Vermont

Be a fan™

Volunteer Application Form

Required information - Please complete all sections-Your information will be retained for our mailing list.

Last Name:		First Name:		DOB / /	
Mailing Address:				Gender: M F	
City:		State		Zip:	
Phone:		Cell:		Email:	
Are you volunteering with a school, employer or community organization? If so, which one?					
Emergency Contact:			Relationship:		
Phone:			Cell phone:		

Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever 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 list two references: (references may be checked)		
Name:	Address:	Phone:
Name:	Address:	Phone:

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 my 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 keep said information in the strictest confidence.
- I grant Special Olympics Vermont permission to use my likeness, voice and works on radio, film or in any form to promote Special Olympics.
- I hereby agree to release, discharge and hold harmless Special Olympics Vermont, its officers, agents, its directors 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 of Special Olympics Vermont.
- I grant Special Olympics Vermont and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain 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.

Signature:	Date:	
Signature of Parent or legal guardian if child is under 18 years of age:		
Printed name:	Signature:	Date:

Do you have medical training? Yes or No If so, what training _____