

# VOLUNTEER / COACH / BUS DRIVER / NURSE / ETC. PROFILE FORM



**Special Olympics**  
Georgia

PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED.  
Please return to Volunteer & Event Manager via fax: 770-216-8339.  
Or mail to: 4000 Dekalb Technology Parkway, Suite 400, Building 400, Atlanta GA 30340  
SOGA phone: 770-414-9390 x 120  
Visit us on the web: [www.specialolympicsga.org](http://www.specialolympicsga.org)

FULL NAME \_\_\_\_\_ Date: \_\_\_\_\_ Gender: Male  Female   
First Middle Last

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race (optional): Caucasian  African American  Hispanic/Latino  Asian American  Other

Employer & Occupation: \_\_\_\_\_ Business/School/Civic Club Affiliation: \_\_\_\_\_

Please list areas of experience that may be useful while volunteering: \_\_\_\_\_

**PHOTO ID CHECK** – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

- Enclosed is a photo copy of my driver's license
- I, \_\_\_\_\_ verify that the person on this Profile Form has represented his/her  
 (\* Full name of representing Volunteer) identify to the best of my knowledge: \_\_\_\_\_  
Signature of Class A Volunteer Date

**\* Only the following volunteers can complete a photo ID check**

- Please circle your volunteer status: • Local Coordinator • Local Management Team • Area Management Team •  
 • State Games Management Team • SOGA Staff

**Please circle the volunteer areas that may interest you:**

Games/Events and Administrative	Coaching (Must be certified through SOGA)
<b>One ay or Continuous Assignments:</b>	<b>10-12 week Commitment:</b>
Summer Games (June) Data Input	Aquatics Golf Tennis
Winter Games (January) Mailers	Alpine Skiing Gymnastics Track & Field
Fall Games (October) Word Processing/Filing	Badminton Ice Skating Volleyball
Horse Show (November) Fundraising events	Basketball Long Distance Running/Walking
Masters Bowling (July) Golf events	BMX Power lifting
Local / County Games 5K races	Bocce Roller Skating
Photography/Videography Public Speakers	Bowling Sailing
Games Management Team Member Entertainment	Cycling Soccer
Local Management / Planning Team Truck Drivers	Equestrian Softball
Special Olympics Young Leaders (SOYL)	Floor Hockey Table Tennis

Are you currently certified by the National Governing Body in any sport? \_\_\_\_\_

If Yes, what sport(s) are you certified in? \_\_\_\_\_

If you would like to coach, what city or county are you interested in coaching in? (List all that apply) \_\_\_\_\_

How did you hear about Special Olympics Georgia? \_\_\_\_\_

Please visit [www.SpecialOlympics.org/ProtectiveBehaviors](http://www.SpecialOlympics.org/ProtectiveBehaviors) to complete Protective Behaviors Training. Please list the date that the Protective Behaviors Training was completed. \_\_\_\_\_

- |  |                |
|--|----------------|
| 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 criminally charged with neglect, abuse or assault?                                 | Yes ___ No ___ |
| 4) Has your driver's license ever been suspended or revoked in any state?                                | Yes ___ No ___ |
| 5) Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? | Yes ___ No ___ |

If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

*\*If you answered yes to any of the above questions, it does not automatically mean you will be ineligible to volunteer.*

**List 2 non-family references:**

<b>Name:</b>	<b>Relationship:</b>	<b>Address or Phone Number:</b>
1) _____	_____	_____
2) _____	_____	_____

**In the event of an emergency, contact:**

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

**PLEASE READ BEFORE SIGNING:** I understand that:

- By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteerism now and, if applicable, during the tenure of my volunteer service with Special Olympics.
- By signing this form I release Special Olympics and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.
- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics 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.
- I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics.
- I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge (this information may be used for screening purposes). Please Print All Information:

**Full Legal Name:** \_\_\_\_\_  
**Maiden Name or other names used:** \_\_\_\_\_  
**Present Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**How long?** \_\_\_\_\_  
**Former Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**How Long?** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_  
**State of License:** \_\_\_\_\_

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (770) 414-9390 or 1 800 866-4400 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.**

<b>Volunteer's Signature</b> _____	<b>Date:</b> _____
<b>Signature of Parent or Guardian if Volunteer is a Minor</b> _____	<b>Date:</b> _____
<b>Print Full Name of Parent or Guardian</b> _____	