



SPECIAL OLYMPICS MONTANA VOLUNTEER APPLICATION



*Asterisk indicates required field.

*Name: Mr./Mrs./Ms./Dr. _____
 * last * first * middle

*Mailing Address: H W _____
 (circle one) * number street apt

Years at this address: _____
 * city county * state * zip

*Date of Birth _____ *SSN _____

*Phone: (home) _____ (work) _____ (cell) _____

Occupation: _____ e-mail: _____

Employer/School Name: _____

 number street
 city state zip

If you are volunteering as part of a company or group volunteer program, specify the group: _____

When did you start volunteering for Special Olympics in Montana?
 Date: / / I don't remember. This is the first time.

* 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 driver's license ever been suspended or revoked in any state?? Yes No
(If "Yes" to any of the above please attach a detailed explanation to this form.)

List 2 non-family references:

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

* # _____ State M F I do not drive. # _____
 Drivers License Gender Other ID-indicate :

* PLEASE READ BEFORE SIGNING:
 I understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others, which may include a criminal background check to determine my suitability to act as a Special Olympics volunteer.
- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep such information in the strictest of 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 permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

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

* Signed _____ Date _____
 Signature of Parent or Guardian if volunteer is a Minor _____ Date _____

In the event of an emergency, contact _____
 () _____
 Relationship : _____ phone _____

Screener/Interviewer: _____

Your talents can make a **BIG** difference!

Where can you help? Well, take a look at the possibilities and check those that you would enjoy. We'll be in touch!

Things I would like to do...

- Public relations and marketing
- Bookkeeping
- Administrative roles
- Pre-planning games and events
- On the day of games and events
- Any general volunteer needs
- Fundraising
- Assisting in coaching Special Olympics athletes.

Spring/Summer

Athletics (Track & Field)

Aquatics

Bocce

Bowling

Cycling

Equestrian

Golf

Gymnastics

Kayaking

Powerlifting

Soccer

Fall

Basketball

Winter

Alpine Skiing

Nordic Skiing

Snowboarding

Snowshoeing

Floor Hockey

- Assisting in training Special Olympics athletes in leadership skills.

Public Speaking

Athlete Input Council

Any leadership skills

Where I would like to help

- State Winter Games, Whitefish
- State Summer Games
- State Basketball Tournament
- my local Area Spring Games
- my local Area Winter Games
- nearest Local Program, any event

Time I would like to give...

- an hour (You may not need this form.)
- a day (You may not need this form.)
- a few hours per month
- more

Mail this form to Special Olympics Montana
P.O. Box 3507 / Great Falls, MT 59403.

You must also complete
Protective Behaviors Training online.
For more information visit our web site at
www.somt.org.

