Special Olympics North Carolina Volunteer Screening Form (Bold fields are required)

Office Use Only					
BG Screening/					
Staff Initials					

Select One: Mr./Mrs				
Mailing Address	First Name	Mid	dle Name	Last Name
	Number	Street		Apt.
City Phone: Home ()	County Mobile ()	State Work (_	Zip
Date of birth:	_//Soc	ial Security #		Shirt Size
Email		Occ	cupation	
Employer Name/Add	dress:			
Are you a family meml	per of a Special Olym	pics athlete? Yes	No If yes, what relati	ion?
In the event of an eme	ergency, contact		Relationship	()
If you are volunteering	as part of a compan	Name v or other group, speci	Relationship fy the group	Phone Number
3. Have you e 4. Has your d *If you answered "yes' A conviction	river's license ever be " to any question, atta n will not necessarily d	th neglect, abuse or as een suspended or revo th an explanation giving isqualify you from volun	sault?	
List two references: a	non-family member	and current employer (or a school reference if un	der 18 years old)
1	relations	hip add	ress	 phone
2	relations	hip add	ress	phone
references and suitability to act in the course of information in the relationshing without cause of the course of	ng: Formation that I have presented to make inquiry of other tas a Special Olympics of volunteering for Special Olympics of the strictest confidence of between Special Olympics permission to ecial Olympics, to release, discharge and from all causes, liable and participation as a volunteer may involved that I am in good physicam participating as a volion to Special Olympics	ers including without limit volunteer; al Olympics, I may be deal; pics volunteers is an 'at vor Special Olympics; use my likeness, voice and hold harmless Special Clities, damages, claims or olunteer in Special Olympicompetitions held at and e risks of injury to which I al condition and that I amunteer with Special Olympicorth Carolina and its em	d words in television, radio, fi Olympics North Carolina, its of demands on account of any ir pics North Carolina; in connection with Special Oly will be exposed; unaware of any existing med	ig my background and tion and I agree to keep said may be terminated at any time ilm or in any form to promote ficers, agents, its directors and njury or accident arising out of ympics and my attendance and lical condition(s) which would
I affirm that I have read t	he above and that the i	nformation I have given is	true and complete	
Print name		Signature		Date
Initial One: Volunteer is at least eigh Volunteer is less than eig	teen (18) years of age a	nd executes this release o	on his/her own behalf	
and executes this Release	e on behalf of the volun	teer.		
Print name		Signature		Date

Parent/Guardian Name

Parent/Guardian Signature