



Adult Class A Volunteer Application



- Before completing this form, applicants should find a Local Program (Team Delegation) www.kssso.org/find-a-local-program. Local Program Coordinators need to accept the Class A Volunteer Applicant.
- This form must be completed prior to participation by all persons 18+ years of age who wish to serve as a Class A Volunteer and/or Unified Partner for SOKS, including its Local Programs. Applicant's name and information will be used to conduct a criminal background screening.
- To serve as an Adult Class A Volunteer for Special Olympics Kansas, you must complete the following and be approved:
 - Protective Behaviors Training (available online at www.kssso.org) *Expires every 3 years*
 - Submit this Completed Form: Special Olympics Kansas, 5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@kssso.org

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Gender: ___F ___M

Email(s): _____ DOB: ____/____/____

Employer: _____ Work Phone: (____) _____

Local Program (Team Delegation) Name: _____

Please Answer the Following Questions:

- Do you use illegal drugs? ___ Yes ___ No
- Have you ever been convicted of a criminal offense? ___ Yes ___ No
- Have you ever been charged with neglect, abuse or assault? ___ Yes ___ No
- Has your Drivers License been suspended or revoked in the past 3 years? ___ Yes ___ No

Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Kansas 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 Kansas.
- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.

AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Kansas ("SOKS"), Intellicorp and/or Securint, their agents, assigns or any other authorized third parties (collectively, "the Investigators") **and/or** local and state law enforcement agencies may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information").

I understand that SOKS may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOKS or if SOKS chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I have read this ADULT CLASS A VOLUNTEER APPLICATION and/or ADULT UNIFIED SPORTS PARTNER AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization as required by applicable laws, and I hereby authorize Intellicorp and/or Securint to receive my criminal record(s).

I understand that the background check as described above will be conducted again on or after the cycle date of this application and every cycle period thereafter unless I am no longer seeking Adult Class A Volunteer and/or Adult Unified Sports Partner status, in which case I will notify Special Olympics Kansas.

Printed Name _____

Social Security Number* _____

Signature _____

Most recent prior residence _____

**Furnishing your Social Security Number is NOT optional. It shall be used for NO purpose other than to make the process of conducting a background search more accurate. Your Social Security Number will not be stored or maintained in any database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background check. This application, with your Social Security Number will be stored in a secure filing cabinet and will be used again in three years when it is time to renew your Class A status.*