

## SPECIAL OLYMPICS OHIO Youth "A" VOLUNTEER APPLICATION

Directions: Youth "A" Volunteers are between the ages of 14 and 17 years old and involved with Special Olympics Athletes on a regular personal basis. Youth "A" Volunteers fill roles such as Unified Sports Partners, youth coaches or Local Program assistants. Youth "A" Volunteer Applicants must complete this Application and have it signed by a parent or guardian.

Name: Mr./Ms.			
	last name	first name	initial
Mailing Address:			
	number	street	apt.
	city	county	state zip
Phone (day): _____		Date of Birth: _____	
Are you s student? (Circle one)    Yes    No			
If Yes, School Name: _____			
	number	street	
	city	county	state zip
SSN	Drivers License Number	Other - Indicate	
What is the name of the Local Special Olympics Program you will volunteer with?			<b>MAHONING COUNTY DD SPECIAL OLYMPICS</b>

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, assault?	yes _____	no _____
4. Has your driver's license ever been suspended or revoked in any state?	yes _____	no _____
If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.		

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List 2 non-family references:		
Name	Relationship	Address & Phone Number

I have read, understand, and agree to the provisions on the back of this form.	
Applicant's Signature _____	Date _____
Parent/Guardian Sign. _____	Date _____

**THIS FORM IS CONFIDENTIAL AND MUST BE FILED IN A SECURED AREA**

**PLEASE READ BEFORE SIGNING**

I understand that:

\* In the course of volunteering for Special Olympics, you may become aware of personal information, and you agree to keep said information in the strictest confidence.

\* You grant Special Olympics Ohio permission to use your likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

\*You understand that the relationship between Special Olympics Ohio and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by the applicant or Special Olympics Ohio.

\*You will notify Special Olympics Ohio of any change to the information you have provided on this Application within 90 days of its occurrence.

\*If you, the Applicant, wishes to be a Unified Sports Partner, you must also submit a Unified Sports Partner Consent Form.

**\*SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.**