

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## SPECIAL OLYMPICS NORTH CAROLINA VOLUNTEER SCREENING FORM

(Bold fields are required)

Select One: Mr./Mrs./Ms. \_\_\_\_\_  
First Name Middle Name Last Name

Mailing Address \_\_\_\_\_  
Number Street Apt.

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

Phone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Date of birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Shirt Size \_\_\_\_\_

**\*This form cannot be accepted unless date of birth and social security number are provided.** If you are not comfortable with providing this information on this form, you may call our office at (919) 719-7662, ext 122 to provide it verbally.

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Are you a family member of a Special Olympics athlete? Yes \_\_\_\_ No \_\_\_\_ If yes, what relation? \_\_\_\_\_

In the event of an emergency, contact \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone Number

If you are volunteering as part of a company or other group, specify the group \_\_\_\_\_

Check yes or no to the following questions:

- |   |                  |    |
|---|------------------|----|
| 1. Do you use illegal drugs   | yes <sup>†</sup> | no |
| 2. Have you ever been convicted of a criminal offense?                    | yes <sup>†</sup> | no |
| 3. Have you ever been charged with neglect, abuse or assault?             | yes <sup>†</sup> | no |
| 4. Has your driver's license ever been suspended or revoked in any state? | yes <sup>†</sup> | no |

<sup>†</sup>If you answered "yes" to any question, attach an explanation giving date, location and nature of disposition for any offense. A conviction will not necessarily disqualify you from volunteering with Special Olympics North Carolina.

If you have volunteered with Special Olympics previously, please note your most recent assignment and city/state:

\_\_\_\_\_

List two references: a non-family member and current employer (or a school reference if under 18 years old)

- |   |
|---|
| 1. _____ (____) _____                         |
| <small>Name Relationship Phone Number</small> |
| 2. _____ (____) _____                         |
| <small>Name Relationship Phone Number</small> |



**PLEASE READ BEFORE SIGNING**

I understand the following:

- some of the information that I have provided may be verified, and I give permission to Special Olympics to check my references and to make inquiry of others including without limitation my employer concerning my background and 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 said information in the strictest confidence;
- The relationship between Special Olympics 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 hereby agree to release, discharge and hold harmless Special Olympics North Carolina, its officers, agents, its directors and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics North Carolina;
- I understand that the activities and/or competitions held at and in connection with Special Olympics and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with Special Olympics North Carolina;
- I grant permission to Special Olympics North Carolina and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

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

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INITIAL ONE**

Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf \_\_\_\_\_

Volunteer is less than eighteen (18) years of age. The undersigned is the \_\_\_\_\_ parent \_\_\_\_\_ legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer.

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Parent/Guardian Name Parent/Guardian Signature