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

Office Use Only					
BG Screening/					
Staff Initials					

Select One: Mr./Mrs./M	1s. First Name	1		The State of the S
Mailing Address		Mid	dle Name	Last Name
	Number	Street		Apt.
Phone: Home ()	N	County Mobile ()	State Wo	Zip ork ()
Date of birth*:/		l Security #*		Shirt Size
				ed. If you are not comfortable xt 122 to provide it verbally.
· !I	,			
mployer Name/Addre	ss:			
are you a family member	of a Special Olympics	athlete? Yes	No If yes, what r	elation?
n the event of an emerge				
you are volunteering as	part of a company or	other group, speci	fy the group	
[†] If you answered "yes' A conviction	" to any question, attach n will not necessarily disq vith Special Olympics	an explanation giving qualify you from volunt previously, please r	teering with Special Olym note your most recent	of disposition for any offense. pics North Carolina. assignment and city/state:
·			or a seriour reverence	
Name	relationship	add	ress	phone
Name Please read before sig	relationship	add	ress	phone
references and to a suitability to act as in the course of vo information in the The relationship be without cause by e I grant Special Olya activities of Specia I hereby agree to a memployees of and my attendance and I understand that the participation as a v I acknowledge that prevent me from p I grant permission	make inquiry of others in a Special Olympics volu- lunteering for Special O- strictest confidence; etween Special Olympics either the volunteer or Special Olympics; elease, discharge and ho from all causes, liabilitied d participation as a volunt the activities and/or com volunteer may involve rise t I am in good physical co- participating as a volunte to Special Olympics Nor	ncluding without limit inteer; lympics, I may be deal s volunteers is an 'at v pecial Olympics; my likeness, voice an old harmless Special C is, damages, claims or nteer in Special Olymp inpetitions held at and isks of injury to which I condition and that I am ter with Special Olymp th Carolina and its em	tation my employer conce ling with confidential info vill' arrangement, and that d words in television, rac olympics North Carolina, i demands on account of a bics North Carolina; in connection with Speci will be exposed; a unaware of any existing pics North Carolina; aployees and agents to ta	pecial Olympics to check my erning my background and ormation and I agree to keep said at it may be terminated at any tim dio, film or in any form to promote its officers, agents, its directors ar any injury or accident arising out of al Olympics and my attendance ar medical condition(s) which would ake whatever measures are any necessary emergency
treatment that is d affirm that I have read the a		mation I have given is	true and complete	
		_	•	Date
nitial One: /olunteer is at least eightee				
	en (18) years of age. Th	e undersigned is the _		uardian (initial one) of the volunte
Print name		Signature		Date

Parent/Guardian Signature

Parent/Guardian Name