



Special Olympics
Ohio

Dear Potential Volunteer,

Thank you for your interest in our Special Olympic program. We are a year round program with approximately 400 Special Olympians having the option to participate in basketball, bowling, track and field, bocce, softball, and swimming.

Our program's success is due in large part to the conscientious involvement of volunteers. We invite you to join us and to become an important part of improving the quality of life for our athletes.

Please complete the enclosed documents and return to me at your earliest convenience. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryan Stuck', with a long horizontal flourish extending to the right.

Bryan Stuck
Stark DD, Special Olympics Coordinator
330-479-3794

SPECIAL OLYMPICS OHIO ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr.	<hr/>	<hr/>	<hr/>
	last name	first name	middle name
Mailing Address:	<hr/>	<hr/>	<hr/>
	number	street	apt.
	<hr/>	<hr/>	<hr/>
	city	county	state zip
Date of Birth:	<hr/>		
Phone (day):	<hr/>	when to call	<hr/>
Phone (evening):	<hr/>	when to call	<hr/>
Occupation:	<hr/>		
Employer/School Name:	<hr/>		
	<hr/>	<hr/>	<hr/>
	number	street	
	<hr/>	<hr/>	<hr/>
	city	county	state zip
Social Security Number*	<hr/>	Drivers License Number	Other - Indicate
		<hr/>	<hr/>
What is the name of the Local Special Olympics Organization you will volunteer with?			
<hr/>			
IMPORTANT NOTE: Your Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate.			

<p>1. Do you use illegal drugs? yes _____ no _____</p> <p>2. Have you ever been convicted of a criminal offense? yes _____ no _____</p> <p>3. Have you ever been charged with neglect, abuse, assault? yes _____ no _____</p> <p>4. Has your driver's license ever been suspended or revoked in any state? yes _____ no _____</p> <p>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.</p>									
List 2 non-family references:									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 35%; text-align: left;">Relationship</th> <th style="width: 40%; text-align: left;">Address & Phone Number</th> </tr> </thead> <tbody> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> </tbody> </table>	Name	Relationship	Address & Phone Number	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURED AREA
{Please turn over and complete}

PLEASE READ BEFORE SIGNING

I understand that:

*I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Ohio ("SOO"), IntelliCorp and/or Securint, their agents, or any other authorized third parties (collectively, "the Investigators") 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"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

*I understand that SOO 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 SOO, or if SOO 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 understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOO and is not conducted for

*I expressly grant permission to Special Olympics to conduct a criminal background and other background record check as a condition of my volunteering with Special Olympics and understand that the background check will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult "A" Volunteer status.

*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 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;

*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 supplement my responses in this application should there be any additional information or should my answers to these questions change at any time that I act as a volunteer on behalf of Special Olympics;

*I agree to assume all risks which may be associated with my acting as a volunteer for Special Olympics and waive all claims or causes of action of any nature against Special Olympics, their agents or assigns which may arise out of my acting as a volunteer. I hereby release and agree to indemnify and hold harmless Special Olympics, their agents or assigns, from any liability or responsibility for any damage or loss of any kind whatsoever which may arise in the consideration of this application to act as a volunteer or consistent with my actions as a volunteer should this application be approved;

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

I hereby certify that the above responses are true and accurate and I understand the condition herein.

Signed: _____

Date: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for approved Class A Volunteer status with Special Olympics Ohio and, if already an approved Class A Volunteer, in considering you for your three year renewal of that Class A Volunteer status, **Special Olympics Ohio** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and **Special Olympics Ohio** to obtain and rely upon consumer reports or investigative consumer reports in considering me for approval of a Class A Volunteer status and, if I already have approved Class A Volunteer status, in considering me for renewal of that Class A Volunteer status every three years. By my signature below, I authorize the **Special Olympics Ohio** to obtain any such reports and to share the information received with any person involved in the Class A Volunteer decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Special Olympics.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date



VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

- Respect and observe at all times the rights of individuals served by the Board of Developmental Disabilities
- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff
- Become familiar with the organization's policies and procedures and upholds its philosophy and standards
- Donate my services to the organization without contemplation of compensation or future employment
- Be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality
- Maintain a well-groomed appearance during my volunteer time.
- Attend orientation and in-service training, as scheduled
- Carry out assignments and seek the assistance of the job supervisor when necessary
- Take any problems, criticism or suggestions to my service area supervisor or to the Volunteer Resources Coordinator
- Work a specific number of hours on a schedule acceptable to the organization and me
- Be responsible for maintaining a record of the hours I serve, by signing in and out as directed
- Notify the site and the Volunteer Resources Coordinator if unable to work as scheduled
- I understand that the Volunteer Resources Department reserves the right to terminate my volunteer status as a result of
 - (a) failure to comply with organizational policies, rules and regulations;
 - (b) absences without prior notification;
 - (c) unsatisfactory attitude, work or appearance, or
 - (d) any other circumstances which, in judgement of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions and I agree to be bound by them.

Volunteer's Signature: _____ Date: _____

Volunteer Resources
Dept. Signature: _____ Date: _____

Original: Volunteer Resources Department
Cc: Volunteer

Name: _____

Date: _____

Stark DD Special Olympics Class A Volunteer Interest form

Please indicate Sport / Sports you have been involved in or are interested in being involved in:

- _____ Softball
- _____ Swimming
- _____ Basketball
- _____ Bowling
- _____ Track and Field
- _____ Bocce

- _____ Not interested at this time.

Thank you!

Bryan Stuck, Whipple – Dale Centre. Phone: 330.479.3794



**Stark County Board of
Developmental Disabilities**

CONFIDENTIALITY STATEMENT

I, _____ (please print) represent the Stark County Board of
Developmental Disabilities (SCBDD) in the following capacity:

VOLUNTEER COMMITTEE MEMBER OTHER
Explain: _____ explain: _____

As such, I understand and agree that I must hold in strictest confidence any information, including Protected Health Information (PHI) that I may obtain as a result of my above-described position with the SCBDD from such sources as observations, interactions with clients, staff and other volunteers or committee members. I pledge to at all times preserve the privacy and confidentiality of any acquired knowledge that I may gain of any and all aspects regarding individuals served by SCBDD and/or their families and staff of SCBDD. To that end, I agree to limit my use and disclosure of such information to the minimum amount that is necessary for me to complete my services or needed to perform my duties for the SCBDD.

I agree to adhere to restrictions placed on the use and disclosure of PHI by state and federal laws, in addition to SCBDD Policies. This includes a strict prohibition from copying written information, inappropriately disclosing information in any form supplied to me, and maintaining the safekeeping/security of any information supplied to me.

Signature _____ Date _____

Witness
Signature _____ Date _____

Original: Department File
Cc: Individual Participant