



**Special  
Olympics  
Ohio**

Lucas County Special Olympics  
1155 Larc Lane  
Toledo, OH 43614  
419-380-5115



**Special  
Olympics  
Ohio**

To Special Olympics Volunteers:

Thank you for your interest in volunteering with our athletes! We are glad to have you along in this adventure as our athletes compete in their sports.

Please fill out the enclosed forms and return to me a.s.a.p. We will need to send them to The Ohio Special Olympics in Columbus.

See you at our next event!!

Liz Lubinski  
Community Inclusion Trainer  
Special Olympics, Lucas County  
419-380-5452

## SPECIAL OLYMPICS OHIO ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr.	last name	first name	middle name
Mailing Address:	number	street	apt.
	city	county	state
			zip
Date of Birth:			
Phone (day):		when to call	
Phone (evening):		when to call	
Occupation:			
Employer/School Name:			
	number	street	
	city	county	state
			zip
Social Security Number*		Drivers License Number	Other - Indicate
What is the name of the Local Special Olympics Organization you will volunteer with?			
<p><b>IMPORTANT NOTE:</b> 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 ____
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.

List 2 non-family references:

Name	Relationship	Address & Phone Number

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

**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 any purpose other than in connection with my eligibility for continued volunteer duties.

\*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:

\_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

Screener/Interviewer:

\_\_\_\_\_

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

## Personal Data

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State
_____ Email address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Printed Name	_____ Applicant Signature	_____ Date
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## Lucas County Special Olympics Volunteer Emergency Information

Fill out completely and return to Special Olympics Volunteer Coordinator (Please print in Black ink)

Volunteer's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

This information will be kept strictly confidential and will be used only in an emergency situation.

Please ensure that your designated emergency contact person is able to provide assistance in an emergency and/or is able to provide necessary information that may be needed to ensure your health and safety.

Please take steps as appropriate to notify of medical issues such as allergies or a seizure disorder. Appropriate actions may include wearing an identification bracelet or programming "ICE" into your cell phone. It is now common practice for emergency responders to check the phone number listings in a victim's cell phone for a listing entitled "ICE" which stands for "in case of emergency"

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return to  
Lucas County Special Olympics  
1154 Larc Lane  
Toledo, OH 43614  
FAX (419) 380-2636





LUCAS COUNTY  
SPECIAL OLYMPICS  
1154 Larc Lane  
Toledo, Ohio 43614

Dear Volunteer,

Special Olympics International has developed a new "online" Protective Behaviors training module that must be completed by all new and continuing Class A volunteers. "The Protective Behaviors training material is a critical tool for protecting Special Olympic athletes from sexual, physical, and emotional abuse." To access the online training, go to [www.specialolympics.org](http://www.specialolympics.org). Scroll to the bottom of the page and find the column labeled RESOURCES. Click on **Site Index** then **P "Protective Behaviors training"**. You will be taken directly to the training module. It takes about 15 minutes to complete the training. Upon completion of the training it will ask you to register by the state in which you volunteer. Through this registration you will receive verification of your completion of training. Please forward this notification of training completion to [llubinski@lucasdd.org](mailto:llubinski@lucasdd.org). Ohio Special Olympics will not allow volunteers to assist at any State event until they have completed this training.

**If you are a coach**, please use this web site [www.cdc.gov/concussion/headsup/training/index.html](http://www.cdc.gov/concussion/headsup/training/index.html) to take the Concussion course.

If you have any questions feel free to call me at 419-380-5452 or 419-380-5115

Thanks in advance for your help!

Liz Lubinski

Community Inclusion Trainer