



Special Olympics
New Jersey

VOLUNTEER REGISTRATION FORM - Class B

ALL information is required. Please print.

3 Princess Road, Lawrenceville, NJ 08648
Phone: 609-896-8000 / Fax: 609-896-8040

PART I: General Information

 Last/Family Name First/Given Name:

Address: _____

 City State Postal Code:

E-mail: _____

Day Phone: _____ - _____ - _____ Ext. _____ Eve. Phone: _____ - _____ - _____

Employer/School/Organization: _____

Emergency Contact: _____
 Last Name First Name

Emergency Phone: _____ - _____ - _____

PART II: Background Information

Please answer all of the following questions:

	YES	NO
Do you use illegal drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been criminally charged with neglect, abuse or assault?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied to, volunteered or been employed by any Special Olympics organization?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above, please explain (use additional sheets of paper if necessary) _____

PART III: Reference Information - Please provide two references. IF YOU ARE UNDER 18, Please provide at least one school or institution reference.

1. Name: _____
 Complete Address: _____
 Home Phone #: _____ - _____ - _____ Work Phone Number: _____ - _____ - _____

2. Name: _____
 Complete Address: _____
 Home Phone #: _____ - _____ - _____ Work Phone Number: _____ - _____ - _____

By providing the above references, I am authorizing Special Olynpics to contact them in reference to my volunteer application.

PART IV: Signatures

Before You Sign: 1) Read the Disclosure and Authorization to Obtain Information and the SONJ Volunteer Code of Conduct on the back of this form, and 2) Be certain that all requested information has been supplied. If any information is missing, this application will not be processed.

Volunteer's Signature _____ Signature of Parent or Guardian if Volunteer is a Minor _____ / _____ / _____
 Date: ___ / ___ / ___ _____ Date

Print Full Name of Parent or Guardian

RETURN COMPLETED FORM TO: Volunteer Manager, Special Olympics New Jersey 3 Princess Rd., Lawrenceville, NJ 08648	Fax: 609-896-8040 Phone: 609-896-8000
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DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics New Jersey (SONJ) may refuse to allow me to volunteer if I provided any incorrect information or omitted any information.

I give my permission for SONJ to contact the references given and to obtain any pertinent information. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SONJ.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SONJ or at my option and that SONJ may, in its sole discretion, decline to accept my application to volunteer with or without cause.

I grant SONJ and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on SONJ and Special Olympics, Inc.'s Website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach

SPECIAL OLYMPICS NEW JERSEY VOLUNTEER CODE OF CONDUCT

As a Special Olympics New Jersey volunteer, I agree that while serving at training sessions, meets or any other Special Olympics events, I will:

1. Provide for the general welfare, health and safety of any Special Olympics New Jersey athletes in my charge during the course of my assigned duties.
2. Dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics New Jersey.
3. Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
4. Refrain from the consumption of alcoholic beverages and non-prescribed controlled substances during the course of my assigned duties.
5. Not engage in any type of inappropriate behavior, sexual activity, or physical abuse with either Special Olympics New Jersey athletes or other volunteers.
6. Not engage in inappropriate contact or relationships with Special Olympics New Jersey athletes or other volunteers.



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