



Youth Class A Volunteer Application



- A Class A Volunteer has regular, close physical contact with athletes, is in a position of authority or supervision with athletes, is in a position of trust of athletes and /or handles cash, checks or other assets of SOKS.
- To serve as a Youth Class A Volunteer for Special Olympics Kansas, you must complete the following:
 - 1) Go to www.kssso.org/
 - 2) Follow instructions to find and join a Local Program or Committee
 - 3) Submit this Youth Class A Volunteer Application:
5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@kssso.org
 - 4) Upon 18th Birthday, complete Adult Class A Volunteer Application and other pertinent requirements.

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Gender: ___F ___M

Email(s): _____ DOB: ____/____/____

School: _____ Grade: _____

LOCAL PROGRAM OR COMMITTEE NAME:

(ex. M.400-Bayside Tigers, Summer Games GMT, Heroes Pull Committee)

Please Answer the Following Questions:

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been charged with neglect, abuse or assault? Yes No
- Has your Drivers License been suspended or revoked in the past 3 years? Yes* No

* If yes, please provide: DL# _____ State _____

Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Kansas 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 Kansas.
- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Parent/Guardian Name (Printed)