

Coaches/Unified Partner/"A" Volunteer Application

This is an "A" Volunteer application specific to individuals wanting to become a coach, unified partner or volunteer helper. **It must be completed** prior to participation by all who wish to be associated with S.O.N.M. **This document can also be completed on our secure portal, please visit our website WWW.SONM.org for further information.**

F-Name: _____ M.I.: _____ L-Name: _____

Positions Associated with SONM Sport(s) (Check all for which you are applying):

Coach (or Assistant) Unified Partner Volunteer (Chaperone, Driver, Etc.)

SONM Association: AREA 1 AREA 2 AREA 3 AREA 4 AREA 5 AREA 6

Delegation or Team Associated with: _____

<p>HOME Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>WORK Business: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____</p>
<p>Time lived at current address Month _____ Year _____</p>	<p>Date of Birth: / /</p>
<p>**Furnishing your Date of Birth is NOT optional. It is used to conduct a more accurate background check. It will then be blackened out to safeguard against any future use.</p>	

Please Answer the Following Questions:

- 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 or assault? Yes No
- 4) Has your Drivers License ever been suspended or revoked in any state or other jurisdiction? Yes No
- 5) Is there any other fact or criminal circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of people with disabilities or handling of money? Yes No

If you answered **YES** to any of the above, please explain:

Office Use Only

Background Check Ordered _____

Date Background Check Approved _____

**AUTHORIZATION AND RELEASE FOR CRIMINAL AND
OTHER BACKGROUND RECORD CHECK**

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics New Mexico (“SONM”), Verified Volunteers., their agents, assigns 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 SONM 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 SONM, or if SONM 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 SONM and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

I have read this PARTICIPATION AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the Investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check. I hereby authorize Verified Volunteers, to receive my criminal record(s).

I understand that the background check as described above 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” Participant status in which case I will notify Special Olympics New Mexico.

What was the most recent address prior to your current address?

In case of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

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 New Mexico 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 New Mexico 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 New Mexico.
- **I affirm that I have read both pages of this Application and understand its meaning. I also affirm the information I have given is true and complete.**

Applicant Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____