



Special Olympics  
Alabama

# CLASS A VOLUNTEER REGISTRATION FORM

## Part I - General Information - ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL (Please Print)

Last/Family Name:	Middle Name:
First/Given Name:	
Address:	
City:	
Zip Code:	
E-Mail: (optional):	
Daytime Phone:	Evening Phone:
Employer/School:	
Occupation:	
Emergency Contact:	Emergency Phone:
Social Security No:	
Birth date (mm/dd/yy):	Gender: Male Female
Diver's License Number:	

## Part II - Background Information

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 criminally charged with neglect, abuse or assault?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
Have you ever applied to, volunteer or been employed by any Special Olympics organization?	Yes	No

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