



# SPECIAL OLYMPICS MONTANA VOLUNTEER APPLICATION



\*Asterisk indicates required field.

\*Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 \* last \* first \* middle

\*Mailing Address: H W \_\_\_\_\_  
 (circle one) \* number street apt

Years at this address: \_\_\_\_\_  
 \* city county \* state \* zip

\*Date of Birth \_\_\_\_\_ \*SSN \_\_\_\_\_

\*Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_  
 \_\_\_\_\_  
 number street  
 city state zip

If you are volunteering as part of a company or group volunteer program, specify the group: \_\_\_\_\_

When did you start volunteering for Special Olympics in Montana?  
 Date: / /  I don't remember.  This is the first time.

\* 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 driver's license ever been suspended or revoked in any state??  Yes  No  
*(If "Yes" to any of the above please attach a detailed explanation to this form.)*

List 2 non-family references:

Name	Relationship	Address or Phone Number
1) _____	_____	_____
2) _____	_____	_____

\* # \_\_\_\_\_ State \_\_\_\_\_  M  F  I do not drive. # \_\_\_\_\_  
 Drivers License Gender Other ID-indicate :

\* PLEASE READ BEFORE SIGNING:  
 I understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others, which may include a criminal background check to determine my suitability to act as a Special Olympics volunteer.
- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep such information in the strictest of 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 affirm that I have read the above and that the information I have given is true and complete.

\* Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent or Guardian if volunteer is a Minor \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency, contact \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Relationship : \_\_\_\_\_ phone \_\_\_\_\_

Screener/Interviewer: \_\_\_\_\_

## Special Olympics Montana Volunteer Application Checklist



**Special Olympics**  
Montana

Dear Volunteer,

Thank you for your interest in being a volunteer for Special Olympics Montana! Please utilize this Checklist to ensure you have completed all of the necessary steps to become a Class A volunteer. All documents/training/classes are available on our website at [www.somt.org](http://www.somt.org)

**You will not be certified as a Class A volunteer until both of the steps listed below are complete.**

### **CLASS A VOLUNTEER (Any SOMT volunteer with regular athlete contact)**

#### **[Class A Volunteer Application \(pdf\)](#)**

All Class A volunteers must submit a volunteer application. SOMT is required to run a background check on all individuals who apply to be a Class A volunteer. There is no cost to the volunteer; however, **a valid SSN is required.**

#### **[Protective Behaviors Online Training](#)**

All Class A volunteers must complete Protective Behaviors training on line. The training takes about 15 or 20 minutes to complete. We automatically receive a confirmation email from SOI when you finish the quiz. You will also receive a confirmation email that is the proof that you have successfully completed the training. Please save your copy of the confirmation email in case verification of training completion is necessary. If you prefer, you may print the [Protective Behaviors test](#) and mail it to the SOMT State Office.

**If you also have in an interest in becoming a Special Olympics Coach, the following are additional requirements:**

### **SPECIAL OLYMPICS COACH**

#### **[General Orientation Test \(pdf\) / \[General Orientation Online Class \\(.html\\)\]\(#\)](#)**

All coaches and assistant coaches must complete a Class A Volunteer application, Protective Behaviors and the General Orientation online class and test to be considered a Level 1 Special Olympics Coach.

#### **Level II Coaches Training**

We highly recommended Coaches participate in a level II training to obtain base level, sport specific knowledge. Level II training is mandatory for all coaches who participate in National and International Special Olympics competitions. Contact Nolan Taylor, Training and Competition Coordinator for Special Olympics Montana [ntaylor@somt.org](mailto:ntaylor@somt.org), for more information on Level II trainings and for dates when training will be offered in Montana. 1-800-242-6876.

**PLEASE COMPLETE ALL NECESSARY FORMS FOR YOUR LEVEL OF PARTICIPATION AND RETURN THEM TO: SOMT PO BOX 3507 GREAT FALLS, MT 59403**