1. Name
2. Special Olympics Program:
3. Address:
4. City, State and Zip:
5. Email address:
6. Home phone number:
7. Cell phone number:
8. Date of birth:
9. Any physical restrictions when traveling: \_\_Yes; \_\_No; If yes, please list below:
10. Experience with the following:
	1. Public speaking / training: \_\_Yes; \_\_No
	2. Being a member of a self-advocacy group: \_\_Yes; \_\_No
	3. Giving formal presentations: \_\_Yes; \_\_No
	4. Being interviewed by the media: \_\_Yes; \_\_No
	5. Serving on a Special Olympics Committee: \_\_Yes; \_\_No. If yes, please list all that apply.
11. List experiences of mentoring Special Olympics athletes:
12. List history of participating as volunteer, coach, competition management team member, or other experiences in Special Olympics:
13. List biographical experiences as they pertain to ~
	1. Family:
	2. School:
	3. Work:
	4. Honors and awards:
	5. Outside interests/hobbies:
	6. Volunteer experiences:
	7. Organizational affiliations:
14. List any restrictions you might have when traveling?
15. List any medical challenges that we should be know.
16. Complete the following:
	1. \_\_\_My insurance carrier is:
	2. \_\_\_My policy number is:
17. My emergency contact person is:
18. His/her day phone number is:
19. His/or her night phone number is:
20. His/or her cell phone number is:
21. Identify this contact person’ relationship to me: \_\_\_ friend; \_\_\_family member; \_\_\_neighbor; \_\_\_other (list)
22. I am an approved Class A registered volunteer: \_\_Yes; \_\_No

If “no,” please contact Name at Email to receive information on Special Olympics Program Name’s Class A Volunteer required screening and trainings.