



**Email completed form to:**

**Special Olympics Washington**

Attention: Background Check

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**Mailing Address:**

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Volunteers completing this form are volunteers who 1) have regular, close physical contact with athletes, 2) are in a position of authority or supervision with, athletes. 3) are in a position of trust of athletes, and/or 4) handle substantial amounts of cash or other assets of the Program.

**Volunteer Type:** \_\_\_\_\_

**Applicant:** *(Please print clearly)*

**Name:** \_\_\_\_\_  
*Last First Middle*

**Alias/Maiden Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female **Race:** \_\_\_\_\_  
*Month/Day/Year*

**Social Security Number (Optional):** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
*City: State: Zip*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_