



**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)*

<b>Name:</b> _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Alias/Maiden Name(s):</b> _____		
<b>Date of Birth:</b> _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> _____
<i>Month/Day/Year</i>		
<b>Social Security Number (Optional):</b> _____		
<b>Driver's License Number:</b> _____	<b>State Issued:</b> _____	
<b>Address:</b> _____		
<i>City:</i>	<i>State:</i>	<i>Zip</i>
<b>Phone:</b> _____	<b>Email:</b> _____	
<b>Applicants Signature:</b> _____		<b>Date:</b> _____