



Email completed form to:
West Side: Indu Sreenivasan:
ISreenivasan@sowa.org
Attention: Background Check

East Side: Marisure Harves:
MHarves@sowa.org
Attention: Background Check

Mailing Address:
Special Olympics Washington 2815 Second
Avenue, Suite 370 Seattle, WA 98121

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.

Background Checks only need to be completed by volunteers 18 years or older.

Program/Team you will be volunteering with:

Volunteer Type:	<i>New Volunteer</i>	<i>New Coach</i>	<i>New Unified Partner</i>	<i>New Chaperone</i>
	<i>Recertify Volunteer</i>	<i>Recertify Coach</i>	<i>Recertify Unified Partner</i>	<i>Recertify Chaperone</i>

Applicant Information: *(Please print clearly)*

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Alias/Maiden Name(s): _____		Sex: _____
		<i>Male</i> <i>Female</i>
Date of Birth: _____		Social Security Number:
<i>Month/Day/Year</i>		(OPTIONAL)
Address: _____		
<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____
Phone: _____		Email: _____
Have you ever been convicted of a crime? YES NO		
Have you ever had findings made against you in any civil adjudicative proceeding? YES NO		
Have you ever had both a conviction and findings made against you? YES NO		
<i>If you answered YES, to any of the above, please give an explanation below.</i>		
<i>By signing below, I certify all information is true and correct to the best of my knowledge.</i>		
Applicants Signature: _____		Date: _____
<i>Background checks results will be mailed to you within 10 days of the report being run.</i>		