

Special Olympics Connecticut, Inc.  
Groton Area  
27 Spicer Ave.  
Groton, CT 06340  
Phone: (860) 536-5691  
Fax: (860) 536-5690



## **Special Olympics** Connecticut

Dear Special Olympic Volunteer,

Thank you for volunteering with Groton Special Olympics. There are requirements for being a volunteer with Special Olympics. Please take the time to complete the following forms in the packet.

- Class A form (if under 16 year old they to complete minor form)
- Application for unified sports
- Town of Groton application and consent forms.

Protective behavior online training  
[www.specialolympics.org/protectivebehaviors](http://www.specialolympics.org/protectivebehaviors)

When you have completed everything:  
Please mail back to  
Eileen Cicchese  
27 Spicer Ave.  
Noank, CT 06340-5659

Thank you for your support because volunteers are the key to Special Olympics.

Sincerely,

A handwritten signature in cursive script that reads "Eileen Cicchese".

Eileen Cicchese



# TOWN OF GROTON

## PARKS AND RECREATION DEPARTMENT



MARK BERRY  
DIRECTOR  
MBERRY@GROTON-CT.GOV

27 SPICER AVENUE, NOANK, CONNECTICUT 06340-5659  
TELEPHONE (860) 536-5680 FAX (860) 536-5690  
WWW.GROTON-CT.GOV WWW.GROTONREC.COM

Groton Parks and Recreation Volunteer,

The Town of Groton recently adopted a new policy and procedures concerning background checks for employees and volunteers. The goal was to establish a uniform procedure across all departments in conducting background checks to ensure the highest level of protection to those we are serving.

While the new process requires a bit more administrative work up front, we feel it is important to take these steps to protect our vulnerable population, children, seniors and persons with disabilities. We appreciate your patience and understanding as we move through this process.

Thank you for volunteering, without your support we would not be able to provide the program and services we do.

*Never doubt that a small group of thoughtful,  
committed citizens can change the world; indeed,  
it's the only thing that ever has.*

*Margaret Mead*

Sincerely,

Mark Berry  
Parks and Recreation Director



# TOWN OF GROTON

45 Fort Hill Rd.  
Groton, CT 06340

## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver's License Number/Issuing State: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Bs) \_\_\_\_\_

#### Work Status

Student (Provide school name) \_\_\_\_\_

Retired

Employed PT (Provide employer name) \_\_\_\_\_

Employed FT (Provide employer name) \_\_\_\_\_

Other (Provide explanation) \_\_\_\_\_

#### Preferred Volunteer Program(s):

Coaching

Library

Senior Center

Human Services

Golf Course

Parks and Recreation

Adopt a Highway

Community Emergency Response Team

Other (Provide explanation) \_\_\_\_\_

Please list any relevant work and/or volunteer experience:

Please list any special skills, training, interests or hobbies:

Certifications:  CPR (Date: \_\_\_\_\_)  First Aid (Date: \_\_\_\_\_)

<b>Available Days:</b>		<b>Available Hours:</b>	<b>Please Select:</b>
<input type="checkbox"/> Sunday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning _____	<input type="checkbox"/> Winter
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Afternoon _____	<input type="checkbox"/> Summer
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Evening _____	<input type="checkbox"/> One Time Project
	<input type="checkbox"/> Saturday		

**When will you be available to begin to volunteer?**

<b>Personal References:</b>	Name	Telephone
1.		
2.		

<b>Work-Related References:</b>	Name	Telephone
1.		
2.		

How did you hear about the volunteer program? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

I understand and agree that as a volunteer I am expected to comply with all applicable Town policies, including, but not limited to, confidentiality.

I agree to reimburse, hold harmless and indemnify the Town of Groton from and against any claims, losses, expenses, (including reasonable attorney's fees) suits and judgments against me arising out of my acts or omissions as a Volunteer.

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a volunteer position.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Applicants under age eighteen (18), a parent/guardian signature is required.**

I give permission for \_\_\_\_\_ to volunteer for the Town of Groton and to be photographed in relations to his/her position.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (Please print)

**TOWN OF GROTON**  
**DISCLOSURE AND ACKNOWLEDGMENT REGARDING**  
**CRIMINAL HISTORY CONVICTION INFORMATION REQUEST**

It is the policy of the Town of Groton to conduct criminal history background checks of independent contractors and their employees who provide services to the public (“independent contractors”); and all prospective employees and/or volunteers. As a general matter, background checks and DCF CPS searches will not be conducted for current employees and, at the discretion of the Director of Human Resources/Risk Management, will not be conducted for volunteers who offer to assist the Town with distinct projects and/or will not have ongoing volunteer relationships with the Town.

Have you ever been convicted of a crime\* (with regard to motor vehicles, include only felony convictions)? If yes, please give charge, location, court date and describe in full.

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I certify by my signature below that I understand that if I am offered and accept employment and/or a volunteer position and/or a position as an independent contractor and/or as an employee of an independent contractor, a criminal history conviction information request shall be submitted to confirm the conviction information I have provided in this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_

\*Note: The person is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o or 54-142a.

These criminal records subject to erasure pertain to a finding of delinquency or a child’s being a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon.

Any person whose criminal records have been erased pursuant to these rules shall not have been considered arrested within the meaning of the Connecticut General Statutes with respect to the erased proceedings and may so swear under oath.

Conviction of a crime will not necessarily disqualify you from the job and/or the volunteer position and/or the position as an independent contractor for which you are applying.



Special Olympics Connecticut, Inc.

**MINOR - CLASS "A" VOLUNTEER APPLICATION (Age 17 and below)**

**PART I - GENERAL INFORMATION (Please use ink and PRINT all information)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

MAILING ADDRESS (No P.O. Boxes): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ (required)

**PART II - VOLUNTEER DUTIES Please check all that apply to your status with SOCT**

- COACHING                       FINANCE                       MEDICAL SERVICES                       VOLUNTEER MANAGEMENT
- GAMES DIRECTOR                       DEVELOPMENT                       PUBLIC RELATIONS                       LOCAL PROGRAM COMMITTEE
- SOCT BOARD MEMBER                       SPORTS MANAGEMENT                       OVERNIGHT CHAPERONE                       LOCAL COORDINATOR
- UNIFIED SPORTS @ PARTNER                       OTHER \_\_\_\_\_

Indicate the Local Program that you're a part of: Local (required) \_\_\_\_\_

**PART III - BACKGROUND INFORMATION (This section MUST be completed. All information is confidential.)**

	<b>Yes</b>	<b>No</b>
Do you use an illegal drug that would affect your ability to perform any of the duties listed above?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been reported to the Department of Children and Families or a comparable child welfare agency with a finding of abuse or neglect against you?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has your drivers' license ever been suspended or revoked as a result of a moving violation in any state?.....	<input type="checkbox"/>	<input type="checkbox"/>

**(If you answered "yes" to any of the above questions, please attach a written explanation.)**

**PART IV - DRIVER'S LICENSE INFORMATION**

**If you currently transport athletes, drive other vehicles for SOCT, or may do so in the future, you must provide driver's license information, if not please leave this blank**

Do you have a valid driver's license?  Yes  No      If yes, License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**PART V - REFERENCES (Please list two non-family member references)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I understand that:

\* The information that I have provided may be verified by a background check, a motor vehicle record check, sex offender registry, child abuse/neglect registry, or any other means deemed appropriate, and I give permission to Special Olympics Connecticut, Inc. or Special Olympics, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Connecticut, Inc. or Special Olympics, Inc. volunteer.

\* The relationship between Special Olympics Connecticut, Inc. or Special Olympics, Inc. and volunteers is an "at will" arrangement, and this application may be denied or the relationship may be terminated for any reason.

\* In the course of volunteering for Special Olympics Connecticut, Inc. or Special Olympics, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

\* I grant Special Olympics Connecticut, Inc. or Special Olympics, Inc. permission to use my likeness, voice, and words in television, radio, or in any form to promote activities of Special Olympics Connecticut.

\* I affirm that I have read the above and that the information I have given is true and complete.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



Special Olympics Connecticut, Inc.

ADULT - CLASS "A" VOLUNTEER APPLICATION (Age 18 and above)

PART I - GENERAL INFORMATION (Please use ink and PRINT all information)

LAST NAME: FIRST NAME: MIDDLE NAME:

MAILING ADDRESS (No P.O. Boxes):

CITY: STATE: ZIP:

EMAIL: LENGTH OF TIME AT CURRENT ADDRESS:

PHONE: (HOME) (CELL) BIRTH DATE (required)

EMPLOYER/SCHOOL/ORGANIZATION: OCCUPATION:

SOCIAL SECURITY NUMBER: (required for background check, this information is confidential)

PART II - PROTECTIVE BEHAVIORS

(Aged 18 and above - must be completed every 3 years at www.specialolympics.org/protectivebehaviors)

Yes No

Have you completed the protective behaviors program? ...

Date Completed / /

PART III - VOLUNTEER DUTIES Please check all that apply to your status with SOCT

- COACHING FINANCE MEDICAL SERVICES VOLUNTEER MANAGEMENT
GAMES DIRECTOR DEVELOPMENT PUBLIC RELATIONS LOCAL PROGRAM COMMITTEE
SOCT BOARD MEMBER SPORTS MANAGEMENT OVERNIGHT CHAPERONE LOCAL COORDINATOR
UNIFIED SPORTS @ PARTNER OTHER

Indicate the Local Program that you're a part of: Local (required)

PART IV - BACKGROUND INFORMATION (This section MUST be completed. All information is confidential.)

Yes No

- Do you use an illegal drug that would affect your ability to perform any of the duties listed above?
Have you ever been convicted of a crime?
Have you ever been reported to the Department of Children and Families or a comparable child welfare agency with a finding of abuse or neglect against you?
Has your drivers' license ever been suspended or revoked as a result of a moving violation in any state?

(If you answered "yes" to any of the above questions, please attach a written explanation.)

PART V - DRIVER'S LICENSE INFORMATION

If you currently transport athletes, drive other vehicles for SOCT, or may do so in the future, you must provide driver's license information, if not please leave this blank

Do you have a valid driver's license? Yes No If yes, License Number State Issued

Please list two non-family member references below: (Please list complete address)

Name Mailing Address State Zip Phone #

I understand that:

- \* The information that I have provided may be verified by a background check, a motor vehicle record check, sex offender registry, child abuse/neglect registry, or any other means deemed appropriate, and I give permission to Special Olympics Connecticut, Inc. or Special Olympics, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Connecticut, Inc. or Special Olympics, Inc. volunteer.
\* The relationship between Special Olympics Connecticut, Inc. or Special Olympics, Inc. and volunteers is an "at will" arrangement, and this application may be denied or the relationship may be terminated for any reason.
\* In the course of volunteering for Special Olympics Connecticut, Inc. or Special Olympics, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
\* I grant Special Olympics Connecticut, Inc. or Special Olympics, Inc. permission to use my likeness, voice, and words in television, radio, or in any form to promote activities of Special Olympics Connecticut.
\* I affirm that I have read the above and that the information I have given is true and complete.

SIGNATURE: DATE



# Authorization for Release of Information for DCF CPS Search

DCF-3031  
12/12 (Revised)

I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research

(Type Applicant Name)

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

Attention: \_\_\_\_\_  
By: Agency Name / Agency: \_\_\_\_\_  
Address/City / State / Address: \_\_\_\_\_  
Zip Code City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First Middle  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Street (No P.O. Boxes) Apartment No.  
How Long at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.  
City State Zip Code

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)  Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From (Month/Yr.)	To (Month/Yr.)

Other Names I have Used - Including Maiden, Previous Marriages(s)  Check if reverse side used

Last	First	Middle

Name of Spouses/Other Adults in the Home - Past and Present  Check if reverse side used

Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home  Check if reverse side used

Last	First	Middle	Gender	D.O.B. (Month/Day/Year)

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches - 505 Hudson Street - 5<sup>th</sup> Floor - Hartford, CT 06106 or FAX: 860-560-7071

**{100803892.DOC; v.} DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_ NO \_\_\_ Processor's Initials: \_\_\_\_\_

**APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT**

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

**Unified Sports® Partner**

**UNIFIED SPORTS® PARTNER INFORMATION**

**LOCAL PROGRAM:**

Name (First – Last):

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_Male \_\_\_\_Female

Phone: ( )

Street:

Mobile: ( )

City:

State:

ZIP Code:

E-Mail:

**PARENT OR GUARDIAN INFORMATION FOR UNIFIED SPORTS®PARTNERS UNDER 18 YEARS OF AGE**

Name

Address (if different than above)

City

State:

ZIP Code:

Phone Home:

Work:

Mobile:

E-Mail

**EMERGENCY CONTACT (IF DIFFERENT THAN PARENT OR GUARDIAN)**

Name:

Phone:

**HEALTH ADVISORIES: Please list below any pertinent health information (i.e. allergies, etc.)**

**SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY**

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and or my minor child) am (are/is) qualified, in good health and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and or my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I and/or my minor child) release, indemnify , covenant not to sue and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees and other Unified Sports® participants, and sponsors, advertisers, and if applicable any owners and lessors of premises on which the activity takes place from all liability any losses, claims (other than that of the medical accident benefit), demands, costs or damages that I (and or my minor child) may incur as a result of participation in Unified Sports® events and further agree that if, despite this ' Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' I, or anyone on my behalf makes a claim against any of the Releasees, I will indemnify , save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® Partner

Date

Signature of Parent/Guardian of Minor Unified Sports® Partner

Date

**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 concerning 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 said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an 'at will' agreement, 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.

Signature of Unified Sports® Partner:

DATE:

Signature of Parent/Guardian of Minor Unified Sports® Partner:

DATE:

**THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED AND DATED TO BE CONSIDERED VALID**