



*Form can be mailed or emailed to the addresses below.*

**Western Washington- Mail completed form to:**

**Special Olympics Washington**  
Attention: Background Check  
1809 7th Ave Suite 1509  
Seattle, WA. 98101  
Questions: Phone 206-362-4949 or Email: kvinging@sowa.org

**Region:**         ER         KC         NW         SW         Other

**Volunteer Type:**     New-Volunteer             New-Coach             New-Unified Partner  
                                   Recertify-Volunteer       Recertify-Coach       Recertify-Unified Partner

**Team Name:** \_\_\_\_\_

**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:** \_\_\_\_\_

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

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

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

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