



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: wspcheck@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:** _____