

VOLUNTEER & UNIFIED PARTNER PROFILE FORM



PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Please return to Volunteer & Event Manager via fax: 404-745-0550 Or mail to: 1601 N. Ashley St., Suite 88, Valdosta, GA 31602 OR 6046 Financial Drive, Norcross, GA 30071 or scan and email to: liz.smith@specialolympicsga.org Phone (229)-712-9973 OR paul.mcneil@specialolympicsga.org Phone (770)-414-9390 ext.1116

Visit us on the web: www.specialolympicsga.org

Check if you are a [ ] General Volunteer [ ] Coach [ ] Unified Partner [ ] Bus Driver

[ ] GOC/Committee Member [ ] Local/Area Management Team [ ] Other (please list) \_\_\_\_\_

To expedite your application, go to www.verifiedvolunteers.com and login to submit your background screen. (Enter Good Deed code: wnoc4cz)

FULL NAME: First Middle Last Date of Birth (Required): Male [ ] Female [ ]

Address: Apt. #:

City: State: Zip: County:

Cell Phone: Home Phone: Business Phone:

Fax Number: Email address (Required):

Race (optional): Caucasian [ ] African American [ ] Hispanic/Latino [ ] Asian [ ] Other [ ]

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: Area (1-18):

PHOTO ID CHECK - Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA
[ ] Enclosed is a photo copy of my driver's license
[ ] I, \_\_\_\_\_ verify that the person on this Profile Form has represented his/her (\*Full name of representing Volunteer) identity to the best of my knowledge: \_\_\_\_\_ Signature of Class A Volunteer Date
\*\*Only the following volunteers can complete a photo ID check
Please circle your volunteer status: • Local Coordinator • Local Management Team • Area Management Team • State Games Management Team • SOGA Staff

Next Steps: (Required of ALL Class A Volunteers age 18 and older)

1. Protective Behaviors Training

-Please visit www.SpecialOlympics.org/ProtectiveBehaviors to complete Protective Behaviors Training.

-Please list the date that the Protective Behaviors Training was completed: \_\_\_\_\_

2. Background Check using Verified Volunteers

-Go to www.verifiedvolunteers.com and click LOGIN at the top right corner

-Create a Volunteer account

-When asked for Good Deed Code, enter wnoc4cz

-Please list the date that the Verified Volunteers Background check was completed: \_\_\_\_\_

Other Requirements for coaches, chaperones, bus drivers:

Please visit http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion+in+sports to complete Concussion Training.

Please answer the following questions honestly:

Do you use illegal drugs? \_\_\_\_\_ Have you ever been convicted of a criminal offense? \_\_\_\_\_

Have you ever been charged with and/or convicted of neglect, abuse, or assault? \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state or other jurisdiction? \_\_\_\_\_

If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

\*If you answered yes to any of the above questions, it does not automatically mean you will be ineligible to volunteer.

Volunteer/Unified Partner Name: \_\_\_\_\_

**List 2 Non-family references (required):**

Name:	Relationship:	Address or Phone Number:
1) _____	_____	_____
2) _____	_____	_____

In the event of an emergency, contact: \_\_\_\_\_  
Emergency Contact Name Relationship Phone

**SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY**

**Please initial to acknowledge you read and understand the below disclosure**

In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (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 (or my child's if a minor) 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. **Initial** \_\_\_\_\_

If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (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. **Initial** \_\_\_\_\_

I(or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports participants, 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 (or my child if a minor) 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. **Initial** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** I understand that:

- 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 Georgia and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Georgia.
- I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics.
- I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event.
- If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay \$3.00 for my background screening through Verified Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (229) 712-9973 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.**

Volunteer/Unified Partner's Signature _____	Date: _____
Signature of Parent or Guardian (if Volunteer is Minor) _____	Date: _____
Print Full Name of Parent or Guardian _____	