



SPECIAL OLYMPICS FLORIDA
CLASS A VOLUNTEER REGISTRATION FORM – Version 1.12

ALL APPLICANTS MUST SHOW A PHOTO ID AT TIME OF REGISTRATION

Form must be filled out completely – incomplete forms will be returned. Please print legibly. Minimum age to apply: 15.

Part I – General Information

COUNTY VOLUNTEERING IN:		School/Agency (if applicable):	
Male / Female <i>Please circle answer</i>		Coach? Yes No <i>Please circle answer</i>	
Last Name (legal):		First Name (legal):	Middle Name:
Home Address:			
City:		State:	Zip Code:
Daytime Phone:		Evening Phone:	
Fax:	E-mail:		
Driver's License #: <i>No learner's permits allowed.</i>		Issuing State:	Check if you do not have a valid driver's license: <input type="checkbox"/>
Social Security #:		Date of Birth:	
Emergency contact:		Emergency Phone:	

Special Olympics Florida reserves the right to deny any applicant who does not provide the necessary data required (Social Security Number and Driver's License Number) to conduct a criminal background check and/or motor vehicle record check.

Part II – Background Information

Questions 1-6 must be answered:

1. Have you ever been convicted of a criminal offense?	Yes	No
2. Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
3. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?	Yes	No
4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
5. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?	Yes	No
6. Do you use illegal drugs?	Yes	No
7. Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No
If you answered YES to questions 1 - 7 please explain (use additional sheets of paper if necessary):		
For Minors Only: Applicants must submit two (2) non-family references for consideration by SOFL. See Page 3 of form.		

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY, ACCEPTANCE OF TERMS

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Florida may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics and volunteers is an “at will” arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Florida and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, print, film, and on Special Olympics Florida and Special Olympics, Inc.'s Website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

The information that I have provided may be verified, and I give ongoing permission to Special Olympics Florida to make periodic inquiry of others, including, but not limited to, a criminal background check to determine my suitability to act as a Special Olympics volunteer, per Special Olympics' Volunteer Screening Policy. If a Minor: I understand that upon turning 18 years of age, I will be subject to a criminal background check (and any subsequent screenings thereafter) per Special Olympics' Volunteer Screening Policy.



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I understand that I have the right to be trained and should receive instruction prior to volunteering. As part of my training, I will attend a Special Olympics General Orientation Session. I will abide by all Special Olympics/Florida General and Sports rules and policies.

I understand that if I am 15 years of age or older, I cannot commence Class A Volunteer duties until I have successfully completed the Special Olympics Protective Behaviors training: www.specialolympics.org/protectivebehaviors. I acknowledge that if I am under 15 years of age, I am not required to take the training, but may, if I so choose and I understand that a parent or guardian should be present while I take said training. I understand that I must take the Protective Behaviors training upon reaching 15 years of age.

I understand that in the course of volunteering for Special Olympics, I may be privy to confidential/personal information (including, but not limited to, email addresses, phone numbers and contact information of athletes, parents and other volunteers) and I agree to keep said information in the strictest confidence. Furthermore, I will not use such information for purposes other than legitimate Special Olympics activities, nor will I use such information for or to the detriment of the individual or Special Olympics.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other 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 (and/or my minor child) may incur as a result of my participation and/or criminal background check 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

VOLUNTEER CODE OF CONDUCT

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics Florida.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media. Profanity and taunting are subject to immediate ejection.
- I will provide for the general welfare, health, and safety of any Special Olympics Florida athlete(s) in my charge during the course of my assigned duties.
- I will respect the property of hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Special Olympics training or competition. Nor will I take part in smoking or chewing tobacco at any Special Olympics training or competition site except in designated areas.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Special Olympics athletes, staff, officials or other volunteers.
- I will abide by the Special Olympics policy on the prohibition of dating athletes.

The Code of Conduct is designed to assist each volunteer in abiding by the philosophy of SOFL and its mission. Any volunteer who does not follow this Code of Conduct can be prohibited from participation in this event. By signing this form and showing my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all releases and notifications and agree to adhere to said terms.

Volunteer's Signature: _____ **Date:** _____

Signature of Parent or Guardian if Volunteer is a Minor – under 18 (form has been explained to minor by parent/guardian):

_____ **Date:** _____

Print Full Name of Parent or Guardian: _____

Please fill out all pages of this form and submit to your local county program. Program Info: www.specialolympicsflorida.org

For County Use Only:	I performed a photo ID check <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid auto insurance shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Minors have provided requisite two (2) references: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shirt size: S M L XL XXL XXXL	
Signature of County Coordinator/Volunteer Director:		Date:



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REFERENCES FOR MINORS (APPLICANTS UNDER AGE 18)
MINIMUM AGE FOR CLASS A VOLUNTEER IS 15.

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years old.

Reference #1

By signing below, I confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Print Name of Volunteer Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

Reference #2

By signing below, I confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity;
Print Name of Volunteer Applicant
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____