

# Volunteer Application Form - Class A Adult (18+)

(Council Members, Coaches, Chaperones, Drivers, ALP Mentors & Unified Partners)



**ALL INFORMATION IS REQUIRED. Please type or print clearly. You will be contacted if your form is incomplete.**

Full First Name: _____ Full Middle Name: _____ Last Name: _____ Preferred Name: _____ Birthdate (mm/dd/yy): ____/____/____ Male:    Female: Social Security No.: _____ Organization/Local Program (if known): _____	Address: _____ City: _____ State: _____ Zip: _____ Work Phone: (_____) _____ Cell Phone: (_____) _____ Home Phone: (_____) _____ E-mail: _____ I would like to receive news and volunteer information from Special Olympics Virginia by e-mail.
Do you use illegal drugs?    Yes    No Have you ever been convicted of any criminal offense?    Yes    No Have you ever been charged with neglect, abuse, or assault?    Yes    No Has your driver's license ever been suspended or revoked?    Yes    No	

## SPECIAL OLYMPICS VIRGINIA VOLUNTEER RELEASE

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information requested by this application. I understand that Special Olympics Virginia (SOVA) may refuse to allow me to volunteer if I provided any incorrect information or omission, and that I must notify SOVA staff within thirty days if I am charged or convicted of a criminal offense.

I give SOVA permission to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SOVA and that as long as I remain a volunteer with SOVA, the criminal history records check and motor vehicle driving records check may be repeated any time and will be repeated in three years if I am an active volunteer at that time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by SOVA.

I WAIVE, RELEASE AND DISCHARGE SOVA, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with SOVA conducting a criminal history records check or motor vehicle driving records check on me. I understand that I will be using facilities at my own risk and I, on my own behalf, hereby release, discharge, indemnify and hold harmless SOVA from all liability for injury or accident to person or damage to my property.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOVA or at my option and that SOVA may, in its sole discretion, decline to accept my application for volunteering with or without cause.

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

In the course of volunteering for SOVA I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

**For Unified Partners only:** In consideration of participation in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risk 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 risks and all responsibility for losses, costs, and/or damages may incur as a result of my participation. I acknowledge that at any time if I feel conditions are unsafe, I will discontinue participation immediately.

**For Unified Partners only:** If during my participation in Special Olympics activities I should need emergency medical treatment and I am 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.

**For Unified Partners only:** I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, sponsors, advertisers, and, if applicable, any owners and lessors of the 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 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 Releases, 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.

In signing this application, I have read the foregoing information, and I agree to comply with the Volunteer or Coach Code of Conduct and all Special Olympics rules and regulations of the organization.

## I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

<b>SIGNATURE</b>	<b>DATE</b>	<b>AREA</b>
<b>PHOTO ID VERIFICATION</b> This portion must be completed by a <b>current</b> Class A volunteer. Your form will be considered incomplete without it. I have viewed a photo ID of this applicant and verified that the photo and name on the ID match the person named on this application. Name (Please type or print clearly): _____ Area: _____ Local Program: _____		

Please visit [www.specialolympics.org/protectivebehaviors](http://www.specialolympics.org/protectivebehaviors) and complete the required Protective Behaviors Training as part of the Class A volunteer eligibility process.

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