



Special Olympics
South Carolina

**VOLUNTEER REGISTRATION
FORM**

VOLUNTEER APPLICATION – DISCLOSURE OF INTENT

Special Olympics South Carolina recognizes that some information requested in the attached Volunteer Registration Form may be of a sensitive nature. We request this information because of the responsibility that we have to protect the well-being and safety of all participants in our program, and to promote a safe environment for all participants, including volunteers. This information will only be used to conduct criminal background (including sex offender registries and motor vehicular checks) checks that are mandated by Special Olympics, Inc. policy.

Special Olympics South Carolina presently has in place a policy that directs all SOSC employees to maintain the confidentiality of all information obtained as part of the volunteer application process, and we will endeavor to keep all sensitive information confidential.

Should you have any questions concerning the volunteer application, or SOSC confidentiality policy, please feel free to contact the Volunteer Services Director.

VOLUNTEER CODE OF CONDUCT

The purpose of Volunteer Code of Conduct is to ensure that both athletes and volunteers have the best experience with Special Olympics.

As a Special Olympics Class A Volunteer...

- I will fulfill the responsibilities of my assignment
- I will set a good example for the athletes
- I will demonstrate good sportsmanship and cooperation
- I will be vigilant and aware of the safety of the athlete
- I will refrain from the consumption of alcoholic beverages and non-prescribed, controlled substance
- I will wear my credential/identification provided by SOSC and understand it must be visible during events
- I am specifically granting permission to Special Olympics to use my likeness, voice and words in media for the purpose of public awareness or communicating the purposes and activities of Special Olympics.

Responsibilities for Coaches and Chaperones

Coaches and Chaperones coming to Games must accept and carry out the following responsibilities:

Provide for the general welfare, safety and well being of each athlete in their charge.

Be familiar with information in The Coaches Handbook.

Provide the following specific services to each athlete:

- 24-hour supervision of athletes, working in cooperation with other coaches from their area/region
- Assurance that athlete/coaches/chaperone ID's are worn as instructed
- Assistance in accounting for luggage and personal items at all times
- Assistance in reporting to competition area at the proper time
- Assistance in taking full advantage of clinics and other events
- Assurance that prescribed medications are taken at the proper time
- Assistance in assembling at the proper time for ceremonies.

Dress and act at all times in a manner that will be a credit to Special Olympics and their area program.

Coaches will be responsible for assuring that housing is left in the same condition in which it was found.

Report emergencies to appropriate authorities after taking immediate action to insure the health and safety of the participants. Be familiar with emergency exits.

Coaches, chaperones and athletes **MUST ABSTAIN** from the use of alcohol or any non-prescribed behavior modifying drugs throughout the event including travel time with athletes.

Smoke only in designated smoking areas.

Be familiar with Special Olympics Crisis Communication in the event of a crisis.

Initial and date _____

Keep this portion for your records, detach application and return to Special Olympics South Carolina

SPECIAL OLYMPICS SOUTH CAROLINA VOLUNTEER REGISTRATION FORM

Area _____

Special Olympics South Carolina has a policy to request background checks on all persons applying to become a volunteer. The purpose of this policy is to identify individuals who have criminal records, disciplinary actions or civil adjudication involving a crime against or abuse of a minor or developmentally disabled person. We want to ensure parents and guardians that qualified individuals are taking care of our athletes. In applying for a volunteer position with Special Olympics South Carolina you are waiving your rights to privacy as it pertains to reference and criminal background checks.

Volunteer Position: _____

Name: Mr./Mrs./Ms./Dr.	_____	_____	_____
	last	first	initial
Mailing Address:	_____		
	number	street	apt.

	city	county	state zip
Phone (home): _____	Phone (work): _____		
Date of Birth: _____	Social Security Number: _____		
Occupation: _____	Email Address: _____		
Current Employer/School Name: _____	Employer Phone: _____		

	number	street	

	city	county	state zip
Past Employer: _____	Employer Phone: _____		

	number	street	

	city	county	state zip
If you are volunteering as part of a company or group, specify group: _____			

1. Do you frequently/habitually use illegal drugs?	yes _____	no _____
2. Have you ever been convicted of a criminal offense?	yes _____	no _____
3. Have you ever been charged with neglect, abuse or assault?	yes _____	no _____
4. Has your driver's license ever been suspended or revoked in any state?	yes _____	no _____
5. Have you ever been disciplined by an employer for sexual harassment or misconduct?	yes _____	no _____
6. Do you consent for SOSOC to follow-up with your employer?	yes _____	no _____
7. Has your employer completed a criminal background check on you?	yes _____	no _____
When? _____		
If "yes" to 1, 2, 3, 4, 5, or "No" to 6 please explain		

List 2 references that are not family members:

Name	Mailing Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

In the event of an emergency, contact: _____
Relationship _____ Phone () _____

PLEASE READ BEFORE SIGNING:

I understand that:

- The information that I have provided will be verified through others including a NCIS/SLED criminal background check, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- I release Special Olympics South Carolina, all persons, organizations, or government agencies for any damages of, or resulting from, furnishing such information.
- 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 and volunteers is an 'at will' arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice, and works in television, radio, and film or in any form to promote activities of Special Olympics.
- Once accepted as a volunteer a criminal background check will be completed every three year as along as I am an active volunteer.
- I have read and acknowledge that I understand and will abide by the Volunteer Code of Conduct.

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

- In consideration of participating in SO Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child am (are/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 cause 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 (and /or my minor child's) 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.
- If during my participating in SO activities I should need emergency medical treatment and I (and my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorized Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.
- I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place for 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 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 acclaim 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.

I affirm that I have read the above and that the information I have given is true and complete. Furthermore, I agree to notify SOSC if any information changes.

Applicant Signature _____ Date _____

Guardian Signature _____ Required for a minor Date _____

LOCAL PROGRAM USE:

ID VERIFICATION: _____
Drivers License # _____ Student ID # _____ Other # - indicate _____
Screener/Interviewer _____ Date _____

FOR OFFICE USE ONLY:

New Applicant

Yes _____

No _____

Personal References Checked Date _____

National Criminal Background Checked Date _____

SLED Background Checked Date _____

Approval Signature _____

Date _____

Special Olympics South Carolina Applicant Reference Form

Date: _____

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

1. How long have you known this individual and in what capacity?
2. Describe the personality of this individual:
3. Please rate the applicant's strengths on the scale below. A rating of 1 means the applicant needs improvement and a rating of 5 means the applicant exhibits the characteristic often.

Characteristic/trait	1	2	3	4	5
Reliability					
Ability to accept responsibility					
Ability to follow through on commitment					
Ability to tolerate frustration					
Creativity					
Motivation					
Self-confidence					
Flexibility					
Sensitivity to others					
Ability to accept criticism					

4. Are you aware of any drug abuse/alcohol problems on the part of the applicant?
5. Are you aware of any history of criminal conduct on the part of the applicant?
6. Are there any additional concerns you would like to share that could help us reach a good decision? If so, please explain.

By signing below, I confirm that I am at least 18 years of age and I am not a legal guardian or relative of the Applicant.

Information given by _____ Date _____

Return Form to: Special Olympics South Carolina, Volunteer Services, P. O. Box 210099, Columbia, SC
29210 or fax 803-772-0094

Office use only:

Mail Email Telephone Staff Initial _____ Date _____

Special Olympics South Carolina Applicant Reference Form

Date: _____

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

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8. Are you aware of any history of criminal conduct on the part of the applicant?
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