



Special Olympics
West Virginia

1206 Virginia Street East, Suite 100
Charleston, WV 25301

VOLUNTEER REGISTRATION APPLICATION

_____ Date

Full Legal Name: _____

Last

First

Middle

Address: _____

Number

Street

Apt.

City

County

State

Zip

Phone (home): _____ (work) _____ E-mail _____

Volunteer County/Gp/Company _____ Social Security Number: _____

Emergency contact: _____

Name

Relationship

Phone number

Date of Birth ____/____/____

_____ PHOTO IDENTIFICATION ATTACHED

Unified Partner _____

VOLUNTEER POSITION / INTEREST

COACH:

- | | | | | |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Developmental Sports | <input type="checkbox"/> Football Skills | <input type="checkbox"/> Nordic Skiing | <input type="checkbox"/> Powerlifting |
| <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Softball | <input type="checkbox"/> Bocce | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other | |

SERVE ON COUNTY OR STATE COMMITTEE:

- | | | | | |
|--|----------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Games & Competition | <input type="checkbox"/> Finance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Training | <input type="checkbox"/> Families |
| <input type="checkbox"/> Legal / Audit | <input type="checkbox"/> Medical | <input type="checkbox"/> Outreach/Public Education | <input type="checkbox"/> Public Relations | |

FUNDRAISING: State Level County Program Sponsors Development

SOWV VOLUNTEER ASSISTANCE AS:

Driver Chaperone Official or Judge Games Director Other

Please check yes or no:

- | | |
|---|----------------|
| 1. Do you 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 ___ |

PLEASE READ BEFORE SIGNING

- Some of the information that I have provided may be verified, and I give permission to Special Olympics to check my references;
- 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;
- In relationship between Special Olympics volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I hereby agree to release, discharge and hold harmless Special Olympics West Virginia, its officers, agents, its director and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics West Virginia;

- I understand that the activities and/or competitions held at and in connection with Special Olympics and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participation as a volunteer with Special Olympics West Virginia;
- I understand that if a medical emergency should arise during my participation in any SOWV activity and I am not able to give my consent for treatment for any reason, that SOWV is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization.

CODE OF CONDUCT

PLEASE READ BEFORE SIGNING

Statement of Purpose

The purpose of the Code of Conduct is to protect athletes from abuse, mistreatment and exploitation and to help ensure that each athlete is treated with the same respect and dignity that should be afforded every human being.

Human Dignity

Each individual is entitled to be treated with respect, dignity and equality. No individual, and in particular, no Special Olympic athlete, should be spoken of or to in a degrading or humiliating fashion. Youth, young adults and adult athletes should be accorded the same respect that any individual of their chronological age would be afforded. Each athlete, regardless of abilities, should be recognized for their accomplishments and for their unique abilities.

Protection for Abuse

- No athlete shall be subject to any form of physical, sexual or emotional abuse. No individual or volunteer shall abuse, sexually abuse, sexually exploit or mistreat any athlete or cause physical injury to any athlete. All injuries to athletes will be reported to the proper medical personnel immediately.
- No person by acting, ailing to act, encouragement to engage in or failure to deter from will cause any athlete to be subject to abuse, sexual abuse or sexual exploitation, neglect, exploitation or mistreatment.
- No person shall engage any athlete, as an observer or participant, in sexual acts.
- No person shall make unjust or improper use of an athlete or their resources for profit or advantage

Acknowledgement of Responsibilities

- I have read and acknowledge that I understand and will abide by the Code of Conduct
- As a volunteer, I agree that while serving I will abide to the Volunteer Code of Conduct:
 - Provide for the general welfare, health and safety of all Special Olympics athletes and volunteers
 - Dress and act in an appropriate manner at all times
 - Follow the established rules and guidelines of Special Olympics, Special Olympics Inc, and/or any agency involved with Special Olympics.
 - Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
 - Abstain from consumption or use of all alcohol, tobacco products and illegal substances while involved with ANY Special Olympics event, competition or training school.
 - Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of Special Olympics

I affirm that I have read and understand the above and that the information I have given is true and complete

Signature _____ Date _____
 Print Name _____ Year started volunteering _____

Volunteer is less than eighteen (18) years of age. The undersigned is the _____ parent _____ legal guardian of the volunteer and executes the Release on behalf of the volunteer.

Signature _____ Date _____
 Print Name _____

If you are seventeen (17) years or younger, please provide two reference who are not family members. References:

Name _____ Phone # _____ Address _____

Name _____ Phone # _____ Address _____

**SPECIAL OLYMPICS WEST VIRGINIA
CLASS A VOLUNTEER (ADULT) APPLICANT'S AUTHORIZATION AND RELEASE FOR
CRIMINAL AND OTHER BACKGROUND RECORD CHECK**

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics West Virginia (SOWV), VENDOR, their agents, assigns or any other authorized third parties (collectively, "the Investigator") and/or West Virginia Department of Safety – Division of the State Police; may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information").

I understand that SOWV may rely on any part or all of this information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOWV, or if SOWV chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOWV and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

I have read this Class A VOLUNTEER APPLICATION AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described therein in conjunction with my application for volunteer duties. I further direct and authorize the Investigators to conduct the background check and future authorize any third parties or agencies who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization ,and I hereby authorize VENDOR to receive my criminal record(s)

I understand that the background check as described above will be conducted again periodically and on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Class A Volunteer status in which case I will notify Special Olympics West Virginia.

Please list your most recent address prior to your current address:

_____ Street	_____ City	_____ State	_____ Zip
_____ Applicant's Printed Name		_____ Applicant's Drivers License Number and State	
_____ Date of Birth		_____ Maiden Name or Alias (if applicable)	
_____ Social Security Number		_____ Eye Color	_____ Hair Color

Important Note: You Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate. Your Social security Number will not be stored in any electronic database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background check.

I affirm that I have read all pages of this Application and understand its meaning. I also affirm that the information I have given is true and complete

_____ Applicant's Signature	_____ Date
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**SPECIAL OLYMPICS WEST VIRGINIA
MINOR VOLUNTEER /UNIFIED PARTNER REFERENCE**

Please provide two personal/professional references using the following forms. 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;
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 the 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 the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signature: _____ 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;
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 the 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 the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signature: _____ Printed Name _____

Date: _____ Relationship to Applicant: _____

Organization/institution: _____