section a: instructions

Before you complete this application, please read the following:

- Event volunteers do not need to complete this form. To become an event volunteer, please email volunteers@somn.org.
- If you have already been placed in a volunteer position, please proceed with completing this application. If you have not been placed in a volunteer position, please email volunteers@somn.org.
- After completing this application please go to the following link to find your General Orientation and Protective Behavior quizzes: http://specialolympicsminnesota.org/Become_A_Coach.php

*Your application will not be processed without completion of General Orientation and Protective Behavior quizzes.

section b: current volunteer position with special olympics

☐ Coach (delegation/team) _____ (*must be at least 16 years of age to coach)
☐ Unified Partner - volunteer application is the Unified consent form (delegation/team) _____
☐ Local Sports Management Team (position/delegation) _____
☐ Area Sports Management Team (position/area) _____
☐ Athlete Leadership Mentor
☐ Youth Activation Committee Member
☐ Summer Camp Counselor
☐ Other _____

section c: personal information

Name: _____
First Middle Initial Last

Gender: ☐ Female ☐ Male

Date of Birth: _____

Home Address (PO Box not valid) _____
Number Street Apt. #

_____
City State Zip Code

E-mail Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Health/Accident Insurance Company: _____ Policy Number: _____

section d: background information

Yes	No	
☐	☐	Do you currently use illegal drugs?
☐	☐	Have you ever been convicted of a criminal offense?
☐	☐	Have you ever been charged with neglect, abuse or assault?
☐	☐	Has your driver's license ever been suspended or revoked in any state in the past five years?
☐	☐	Do you have any physical or medical limitations that need to be taken into account in order to place you successfully? Indicate: _____

If your volunteer position will involve transporting athletes, please complete the information below:

Name of Vehicle Insurance Carrier: _____ Policy Number: _____

Yes	No	
☐	☐	In the past five years, have you been charged with a major moving violation, such as speeding, DWI, reckless driving, etc?
☐	☐	In the past two years, have you had any minor violations such as speeding less than 10 mph over, failure to obey traffic signals, etc?
☐	☐	Are there additional reasons we should be concerned about your ability to transport athletes?
☐	☐	I understand that if I am transporting athletes in my personal vehicle and there is an accident, that my personal vehicle insurance will carry primary responsibility.

Please continue on reverse side (complete and sign).

section e: emergency contact

Name: _____
First Middle Initial Last

Home Phone: (_____) _____ Cell Phone: (_____) _____

section f: consent and waiver of liability

PLEASE READ AND UNDERSTAND THE POINTS BELOW 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.
- In the course of volunteering for Special Olympics, I may be dealing with vulnerable people and will be held to strict parameters of interaction with them.
- 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 words in television, radio, film, or in any form to promote activities of Special Olympics.
- The information that I have provided will be verified, and I give permission to Special Olympics Minnesota to make an inquiry of others concerning my suitability to act as a Special Olympics volunteer.
- I hereby authorize any person to release any information about me concerning my suitability to act as a Special Olympics volunteer as such person deems relevant in his or her sole discretion.
- I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for most types of volunteer work with this organization.
- If under 18 years of age, I will submit two reference letters with this application. The guidelines for the reference letters can be found at the following link: http://specialolympicsminnesota.org/dmsdl.php?docid=180

In consideration of participating in Special Olympics 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 caused by my own actions or inactions, by the actions of others participating in the event, or by the 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 participation in Special Olympics activities I should need emergency medical treatment and (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (my minor child's) 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 from all liability, any losses, claims (other than that of medical accident benefits), 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 "Consent 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.

I affirm that I have read and understand the above information and that the information I have given Special Olympics Minnesota is true and complete. I am providing my social security number so that appropriate background checks can be initiated to help determine my suitability for appropriate volunteer assignments.

_____ _____
Applicant's Signature Date

_____ _____
Parent/Guardian Signature (If under 18 years of age) Date

SSN: _____
(*Required for background check. All applicants 18 years of age and older must have a background check on file)

☐ **I am under 18 and have attached two reference letters (referenced in section f)**

Please return completed form and required attachments to:
Special Olympics Minnesota
100 Washington Avenue South, Suite 550
Minneapolis, MN 55401

You can also reach us at:
Direct: (612) 604-1267
Toll Free: (800) 783-7732
Fax: (612) 333-8782
Email: volunteers@somn.org
Website: www.specialolympicsminnesota.org