



**Special Olympics**  
South Carolina

# MINOR - CLASS A VOLUNTEER SCREENING PROCESS FORM

## Part 1: 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, reference letters and return to Special Olympics South Carolina***  
Revised December 15, 2015

## **Part 2: SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY**

- 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 words in television, radio, and film or in any form to promote activities of Special Olympics.
- 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 leasers 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 agree to notify SOSOC when any information changes.

**I have read and consent to this disclosure.**

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**Legal Guardian Signature**

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**Date**

**I have read and do not consent to this disclosure.**

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**Legal Guardian Signature**

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**Date**

Area \_\_\_\_\_

### Part 3: CLASS A VOLUNTEER REGISTRATION FORM

<b>Check Volunteer Position Applying for:</b>				
<input type="checkbox"/> Administrative	<input type="checkbox"/> Board Member	<input type="checkbox"/> Chaperone	<input type="checkbox"/> financial	<input type="checkbox"/> Steering Committee
<input type="checkbox"/> ALPs Mentor	<input type="checkbox"/> Coach	<input type="checkbox"/> County Coord.	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Unified Partner
<input type="checkbox"/> Area Director	<input type="checkbox"/> Coach Assistant	<input type="checkbox"/> Driver	<input type="checkbox"/> Games Management	<input type="checkbox"/> other _____

**Legal Full Name** \_\_\_\_\_ **Preferred to be Known as** \_\_\_\_\_  
*Last First Middle*

**Mailing Address:** \_\_\_\_\_  
*Number Street Apt.*  
 \_\_\_\_\_  
*City County State Zip Code*

**Phone (home):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Current Employer/School Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, 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? When? _____        | yes _____ | no _____ |

If "yes" to 1, 2, 3, 4, 5, or "No" to 6 please explain

\_\_\_\_\_

**REFERENCES (non family members) (incomplete or omitted information can result in denial of application)**

Reference #1 Legal Name	Complete Mailing Address	Home ( ) _____	Email Address
_____	_____	Mobile ( ) _____	_____
Reference #2 Legal Name	Complete Mailing Address	Home ( ) _____	Email Address
_____	_____	Mobile ( ) _____	_____

In the event of an emergency, contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Mobile ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**By signing below I am acknowledging that I have read and understand the disclosure and agree to abide by all SOSOC guidelines**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ (Required for a minor) Date \_\_\_\_\_

## PART 4: Reference Form #1 for minors only

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	<input type="checkbox"/>				
Ability to accept responsibility	<input type="checkbox"/>				
Ability to follow through on commitment	<input type="checkbox"/>				
Ability to tolerate frustration	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Motivation	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				
Flexibility	<input type="checkbox"/>				
Sensitivity to others	<input type="checkbox"/>				
Ability to accept criticism	<input type="checkbox"/>				

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, 109 Oak Park Drive, Irmo, SC 29063  
or fax 803-772-0094

**Office use only:**

Mail     Email     Telephone    Staff Initial \_\_\_\_\_ Date \_\_\_\_\_

## PART 5 continued: Reference Form #2 for minors only

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	<input type="checkbox"/>				
Ability to accept responsibility	<input type="checkbox"/>				
Ability to follow through on commitment	<input type="checkbox"/>				
Ability to tolerate frustration	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Motivation	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				
Flexibility	<input type="checkbox"/>				
Sensitivity to others	<input type="checkbox"/>				
Ability to accept criticism	<input type="checkbox"/>				

7. Are you aware of any drug abuse/alcohol problems on the part of the applicant?

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

9. 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, 109 Oak Park Drive, Irmo, SC 29063  
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