

SPECIAL OLYMPICS RHODE ISLAND
VOLUNTEER APPLICATION & UNIFIED PARTNER RELEASE

370 George Washington Highway - Unit 1 - Smithfield - RI - 02917 - Fax (401) 349-4936

In accordance with the Special Olympics Volunteer Screening Policy and with the interest of the health and safety of all participants in mind, we ask your cooperation by fully completing the requested information.

ALL information is required and confidential.

Please type or legibly print all information

Today's Date _____		PERSONAL INFORMATION			
Title _____	COMPLETE FIRST NAME _____ <small>Do not use abbreviated or nicknames</small>	MIDDLE INITIAL _____	COMPLETE LAST NAME _____	Suffix _____	
Mailing Address _____	Apt # _____	City _____	State _____	Zip Code _____	
Email Address _____	Primary Phone _____	Alternate Phone _____			
Gender <input type="radio"/> Female <input type="radio"/> Male	Date of Birth _____				
Social Security Number _____	Driver's License Number _____	State _____	Number _____	<input type="checkbox"/> Check if not applicable	
Status <input type="checkbox"/> Employed	Employer Name _____	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Minor		
<input type="checkbox"/> Student	School _____	<input type="checkbox"/> Retired			

VOLUNTEER STATUS			
Are you...	<input type="radio"/> Updating my volunteer information	OR	<input type="radio"/> New Volunteer to Special Olympics
Please provide your current volunteer status with Special Olympics (check all that apply):			
<input type="checkbox"/> Sports Program Director	Program _____	<input type="checkbox"/> Medical	
<input type="checkbox"/> Coach	Program/Team _____	<input type="checkbox"/> Public Relations	
<input type="checkbox"/> Unified Partner	Program/Team _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Team Volunteer	Program/Team _____		
<input type="checkbox"/> Committee Member/Games Management Team	Committee/Event _____		
<input type="checkbox"/> I am a new volunteer. I am interested in the following...			
<input type="checkbox"/> Sports Program Director	<input type="checkbox"/> Team Volunteer - Team Name: _____	<input type="checkbox"/> Medical Service	
<input type="checkbox"/> Coach	<input type="checkbox"/> Games Management Team	<input type="checkbox"/> Public Relations	
<input type="checkbox"/> Unified Partner	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other _____ (Please Specify)	

REFERENCES	
Please list 2 non-family references:	
Reference 1 Name: _____	Primary Phone _____
Reference 2 Name: _____	Primary Phone _____
Applicants who are 17 years of age or younger must also submit a <u>Student/Minor Reference Form</u> along with this form.	

EMERGENCY CONTACT & HEALTH INSURANCE INFORMATION	
Emergency Contact: _____	Primary Phone _____
Relationship to you: _____	
Health Insurance Company: _____	Policy Number: _____

Please complete reverse side

Please answer the following questions:

- 1. Do you use illegal drugs? Yes No
- 2. Have you ever been convicted of a drug related offense? Yes No
- 3. Have you ever been convicted of a criminal offense? Yes No
- 4. Have you ever been charged with neglect, abuse or assault? Yes No
- 5. Has your driver's license ever been suspended or revoked? Yes No

If yes to #5, Which State? _____

If yes to #5, What Year? _____

Please read each of the statements below before signing

I do hereby understand and confirm that:

1. I have completed the **Volunteer Orientation and Protective Behaviors Training** and have a clear understanding of my responsibilities as a volunteer for Special Olympics Rhode Island.
2. I have read, understand, and agree to abide by the Special Olympics Rhode Island Participation Policy & Procedures.
3. I give my permission to Special Olympics Rhode Island to verify the information I have provided and to conduct a criminal background screening and/or driving record screening.
4. I authorize others to make available to any duly authorized representative of Special Olympics Rhode Island any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Special Olympics Rhode Island.
5. In the course of volunteering for Special Olympics Rhode Island, I may be dealing with confidential information, and I agree to keep that information in the strictest confidence.
6. The relationship between Special Olympics Rhode Island and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Rhode Island.
7. I grant Special Olympics Rhode Island permission to use my likeness, voice and words in print, television, radio, film or in any form to promote activities of Special Olympics.
8. In the event I engage in any conduct which could be deemed a violation of the code of conduct, I will promptly notify the Executive Director of Special Olympics Rhode Island.

I affirm that I have read and understand this Volunteer Application and that the information I have given is true and complete.

Applicant Signature _____

Date _____

This section MUST be completed by Parent/Guardian of any applicant 17 years of age or younger

Parent/ Guardian Name: _____ Primary Phone _____
 Relationship to Applicant: _____ Parent/Guardian Address: _____

I affirm that I have read and understand this Volunteer Application and that the information given is true and complete.

Signature of Parent/ Guardian _____

Date _____

This section MUST ALSO be completed for ALL applicants who will be participating as a UNIFIED SPORTS PARTNER

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

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 (and/or my minor child's) 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, cost, 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 (and/or my minor child) 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 (and/or my minor child) should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent for or make my (our) own arrangements for that treatment because of my (and/or my minor child's) injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or 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 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 (and/or my minor child), or anyone on my behalf, makes a claim against any of the Releasees, I (and/or my minor child) 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.

By signing below, I acknowledge I have read the "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement" and fully understand and agree to it.

Signature of Adult Unified Partner or Parent/ Guardian of Unified Partner if applicant is 17 years of age or younger _____

Date _____