

# VOLUNTEER REGISTRATION PACKET

**Special Olympics**  
Maine



## Dear Potential Special Olympics Maine Volunteer:

Through the power of sports, people with intellectual disabilities discover new strengths and abilities, skills and success. Our athletes find joy, confidence and fulfillment — on the playing field and in life. They also inspire people in their communities and elsewhere to open their hearts to a wider world of human talents and potential.

To register to become a Special Olympics Maine volunteer, please complete the requirements below:

- SOMaine Class A Application.** (included in this packet and must be submitted every three years)  
Volunteers, 16 & older, who have regular, close physical contact with athletes; volunteers in positions of authority or supervision; volunteers in a position of trust with athletes; and volunteers that handle substantial amounts of cash or other assets.
  - Class A Volunteers include:
  - ✓ Coaches/Assistant Coaches
  - ✓ Unified partners
  - ✓ Trip coordinators or heads of delegations
  - ✓ Chaperones
  - ✓ ALPS and global messenger mentors
  - ✓ Non-hired drivers of athletes
  - ✓ Area/local council members
  - ✓ Volunteers who will handle over \$5,000
- Please read the form, complete, sign, date and return to SOMaine.
- Protective Behaviors course** - (must be completed every three years) This course provides education on the prevention of sexual, physical and emotional abuse of Special Olympics Athletes.  
[http://resources.specialolympics.org/protective\\_behaviors\\_training.aspx](http://resources.specialolympics.org/protective_behaviors_training.aspx)
- Concussion Awareness Course** – (must be complete every three years) This course provides education on concussion safety and awareness. There are two concussion course options, of which only one of the two needs to be completed.
  1. **NFHS Concussion in Sports Course** – <https://nfhslearn.com/courses/61064/concussion-in-sports> *or*
  2. **CDC HEADS UP to Youth Sports Course** - <http://www.cdc.gov/headsup/youthsports/training/index.html>
- Adhere to Code of Conduct**
- Unified Partner Release** – included in this packet. Only complete if participating in Unified Sports®

Follow the steps below to complete the SOMaine Class A Application and/or Unified Partner Release (these can also be printed and completed by hand):

- ✓ Download SOMaine Volunteer Registration Packet
- ✓ Open & complete the downloaded SOMaine Volunteer Registration Packet file on your computer.
- ✓ Save your completed SOMaine Volunteer Registration with your name on the file (i.e. SOMaine Volunteer Registration – John Doe)
- ✓ Please submit all registration forms to:
  1. BY EMAIL: [IanF@somaine.org](mailto:IanF@somaine.org) (preferred method)
  2. FAX: 1-888-490-0672
  3. BY MAIL: Special Olympics Maine, 125 John Roberts Rd #5, South Portland, ME 04106

**Thank you. We are excited you are part of the Special Olympics Maine Movement!**

# CLASS A VOLUNTEER APPLICATION

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This form is only required for volunteers who are involved directly with S O Athletes, as coaches, chaperones, drivers, local program coordinators or Unified Sports® partners. This info will be used by Special Olympics Maine to do a background screening on the individual completing and signing this form – please submit ALL info, including your Social Security number. (IMPORTANT – your S.S. # is necessary & will ONLY be used to conduct an accurate background check). Everyone completing this form MUST also complete a mandatory and easy online “Protective Behaviors” course, as well as the Concussion & Safety Awareness Policy, by going to ([www.somaine.org/sports/coachs-corner/become-a-coach/](http://www.somaine.org/sports/coachs-corner/become-a-coach/)).

## **Part I – General Information – ALL information is required, unless indicated as optional**

Last Name:	First Name	Middle Name:		
Date of Birth:	Gender:	Day Phone:	Cell Phone:	
Address:	City:	State:	Zip:	
Social Security Number:		Driver's License #		
Email:				
Employer/School:				
Emergency contact:		Emergency Phone:		
Delegation (Team) Name of group you volunteer with:				
<b>Part II – Background Information</b> Please answer the following questions:			<b>Yes</b>	<b>No</b>
Do you use illegal drugs?				
Have you ever been convicted of a criminal offense?				
Have you ever been criminally charged with neglect, abuse or assault?				
Has your driver's license ever been suspended or revoked?				
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?				
Have you ever applied to, volunteered or been employed by any Special Olympics organization?				
If you answered YES to any of the above please explain (use additional sheets of paper if necessary):				

## **Part III – Additional Information – Please list two references who are not related to you. If you are under 18, please provide at least one school/institution reference**

<b>Reference 1:</b>	Day Phone:	Cell Phone:
Name:	City:	State:
Address:		Zip:
Email:		
<b>Reference 2:</b>	Day Phone:	Cell Phone:
Name:	City	State
Address		Zip
Email:		

## **Part IV – Special Olympics Release Statement**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Maine may refuse to allow me to volunteer if I provided any incorrect information or omission.

In consideration of Special Olympics Maine considering my application, I give my permission for Special Olympics Maine to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction data, as well as pleas bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with Special Olympics Maine, and that as long as I remain a volunteer with Special Olympics Maine, the criminal history records check and motor vehicle driving records check may be repeated at any time, but at least every three years.

If my application is denied, upon request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by Special Olympics Maine. I WAIVE, RELEASE and DISCHARGE Special Olympics Maine, its' officers, directors, employees, volunteers, agents and representative from any liability for all damages and losses of whatever kind or nature that may result in connection with Special Olympics Maine conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Maine or at my option and that Special Olympics Maine may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Maine and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Maine and Special Olympics, Inc.'s website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

*In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the*

## **Part V - Signatures**

Volunteers Signature:	Date:
Parent/Guardian Signature (if volunteer is a Minor)	Date:
Print Full Name of Parent/Guardian:	

# UNIFIED SPORTS® PARTNER RELEASE

**Special Olympics**  
Maine



This is a permanent form that must be completed before a Partner participates in Special Olympics training or competition

## Section A - UNIFIED SPORTS® PARTNER INFORMATION

Name (First-Last):		Delegation:	
Date of Birth:	Gender:	Day Phone:	Cell Phone:
Address:		City:	State: Zip:
Email:			
Health/Accident Insurance Company:		Policy Number:	

## Section B - PARENT OR GUARDIAN INFORMATION FOR UNIFIED SPORTS® UNDER 18 YEARS OF AGE

Name (First-Last):			
Address:		City:	State: Zip:
Home Phone:		Work Phone	Cell Phone:
Email:			

## Section C - EMERGENCY CONTACT (IF DIFFERENT THAN PARENT OR GUARDIAN)

Name:	Phone Number:
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## Section D - HEALTH ADVISORIES

Please list below any pertinent health information (i.e. allergies, etc.):

## Section E - SPECIAL OLYMPICS RELEASE STATEMENT

In consideration of participation in Special Olympics Unified Sports®, I represent that I understand (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 action or interactions, by 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) 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 I (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangements for treatment because of my injuries, I authorize 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 administration, directors, agents, officers, volunteers, employees and other Unified Sports® participants, sponsors, advertisers, and if applicable any owners and lessors of premises on which the activity takes place from all liability and 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 claims 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 verify that I have been briefed regarding the rules & philosophy of Unified Sports® & accept my role as a teammate & will participate fully within the spirit of sportsmanship & team players in the following Special Olympics Code of Conduct for Unified Sports:

- I will practice good sportsmanship, acting in ways that bring respect to me, coaches, my team and Special Olympics
- I will not use bad language, not swearing or insulting other persons
- I will not fight with athletes, other partners, coaches, volunteers or staff
- I will train regularly, learning and following rules of my sport
- I will listen to my coaches, officials and ask questions when I do not understand
- I will always try my best during training, divisioning and competitions
- I will not make inappropriate or unwanted physical, verbal or sexual advances on others
- I will not smoke in non-smoking areas, drink alcohol or use illegal drugs at Special Olympics events. I will not take drugs for the purpose of improving my performance
- I will obey all laws and Special Olympics and National Federation/Governing Body rules for my sport(s)

## Section F - Signatures

I have read Section E and fully understand it. I also understand that :

- the information that I have provided is current and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics Unified Sports ® Partner
- 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' agreement, 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 my likeness, voice, and word in television, radio, or in any form to promote activities of Special Olympics.

Signature of Unified Sports Partner:	Date:
Signature of Parent/Guardian of Minor Unified Sports Partner:	Date: