



**SPECIAL OLYMPICS FLORIDA [COUNTY NAME]
CLASS B (DAY OF) VOLUNTEER REGISTRATION FORM**

ALL VOLUNTEERS MUST SHOW A PHOTO ID AT CHECK-IN

Part I – General Information

Group Information (Group leader only to fill out)

Name:		Group Name:	
Address:		# of Volunteers:	
		Contact Name:	
City:	State:	Please indicate the number of volunteers in group by age:	
Zip Code:	County:	Under 15 years* _____	15 – 17 years _____
E-mail:		18 – 60 years _____	61 + years _____
Employer/School:		*Volunteers 15 years and younger must be chaperoned by an adult (18 years old or older)	
Evening Phone:	Daytime Phone:	I have verified the photo ID's of all members of my group: (sign):	
Emergency contact:		Emergency Phone:	
Please indicate age range (circle one): Under 15 15 – 17 years 18 – 60 years 61 + years			
<i>(For volunteer assignment purposes. Volunteers under 15 must be accompanied by an adult.)</i>			

Part II – Background Information

Questions 1-6 must be answered:

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 criminally charged with neglect, abuse or assault?	Yes	No
4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?	Yes	No
5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
6. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?	Yes	No
7. Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No
If you answered YES to questions 1 - 7 please explain (use additional sheets of paper if necessary):		
If applicant answers "yes" to question 4, they <u>cannot</u> drive on behalf of Special Olympics.		

Part III – Games Information

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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 Florida may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics and volunteers is an “at will” arrangement, and 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 Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Florida and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, print, film, and on Special Olympics Florida 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.

The information that I have provided may be verified, and I give permission to Special Olympics Florida to make inquiry of others which may include a criminal background check to determine my suitability to act as a Special Olympics volunteer.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, 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 my participation and/or criminal background check 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 a claim 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.

Volunteer Code of Conduct

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics Florida.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media. Profanity and taunting are subject to immediate ejection.
- I will provide for the general welfare, health, and safety of any Special Olympics Florida athlete(s) in my charge during the course of my assigned duties.
- I will respect the property of hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Special Olympics training or competition. Nor will I take part in smoking or chewing tobacco at any Special Olympics training or competition site except in designated areas.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Special Olympics athletes, staff, officials or other volunteers.
- I will abide by the Special Olympics policy on the prohibition of dating athletes.

The Code of Conduct is designed to assist each volunteer in abiding by the philosophy of SOFL and its mission. Any volunteer who does not follow this Code of Conduct can be prohibited from participation in this event. By signing this form and showing my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all releases and notifications and agree to adhere to said terms.

Volunteer’s Signature: _____ **Date:** _____

Signature of Parent or Guardian if Volunteer is a Minor – Under 18 (form has been explained to minor by parent/guardian):

_____ **Date:** _____

Print Full Name of Parent or Guardian: _____

Please fill out both sides of this form, sign and either...Fax to [NAME], S.O. [COUNTY] at [FAX NUMBER], Mail to: [NAME] at S.O. [COUNTY], [ADDRESS], [CITY], FL [ZIP CODE] Or bring with you to volunteer check-in the day of the event.

Administrative Use Only:		
Valid Photo ID Presented or Visual ID Check performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Volunteer Disqualified, per Volunteer Screening Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No