

CLASS A & B VOLUNTEER CERTIFICATION *(17 & Younger)*



Special Olympics
Delaware

Area/School Name: _____

Volunteer Interest? Coach General Volunteer Unified Partner Committee Role Team Assistant Medical

Are you currently volunteering with SODE? Yes No

VOLUNTEER INFORMATION

First Name:		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity
Last Name:		
Date of Birth (mm/dd/yyyy):		
Address:		
Phone:	Email:	
Sports/Activities of Interest:		
Name of Employer (Optional):		
Race/Ethnicity (Optional):		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Asian American	<input type="checkbox"/> More than one race
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latinx	
Language(s)(Optional): <i>Mark all that apply</i>		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
T-Shirt Size (Please Select One): <input type="checkbox"/> Sm <input type="checkbox"/> Md <input type="checkbox"/> Lg <input type="checkbox"/> XI <input type="checkbox"/> 2XI <input type="checkbox"/> 3XI <input type="checkbox"/> Other		

EMERGENCY CONTACT INFORMATION

Name:		Relationship:	
<input type="checkbox"/> Same as contact information above			
Address:			
City:		State:	Zip:
Phone:		Email:	

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BACKGROUND INFORMATION (only required for participants 16 years and older)

Do you use illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with and/or convicted of neglect, abuse or assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license ever been suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered "yes" to any of the questions above, please provide details:		

HEALTH INFORMATION **Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate

Please mark if you have any of the following conditions and provide details:

<input type="checkbox"/> Special Dietary Needs
<input type="checkbox"/> Allergies
<input type="checkbox"/> Assistive or Implatable Devices
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Asthma or Respiratory Condition
<input type="checkbox"/> Epilepsy or Seizure Disorder
<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Sickle Cell Anemia/Trait
<input type="checkbox"/> Chronic Infection
<input type="checkbox"/> Missing Organ (e.g. spleen, kidney..etc.)
<input type="checkbox"/> Other Health Condition

PLEASE LIST ANY MEDICATIONS, VITAMINS, OR DIETARY SUPPLEMENTS BELOW:

MEDICATION NAME	DOSAGE	TIMES PER DAY

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I agree to the following:

1. Ability to Participate. I am physically able to take part in Special Olympics activities.
2. Likeness Release. I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. Risk of Concussion and Other Injury. I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. Emergency Care. If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
5. Overnight Stay. For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. Health Programs. If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. Personal Information. I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using my contact information for communicating with me about Special Olympics.
 - sharing my personal information confidentially with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - Privacy Policy. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.
8. Background Check Authorization. [APPLIES TO ADULTS ONLY] I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
9. Waiver and Liability Release. I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	
VOLUNTEER / UNIFIED PARTNER SIGNATURE	
I have read and understand this form. If I have any questions, I will ask. By signing, I agree to this form.	
Volunteer/Unified Partner Signature:	Date:
PARENT/GUARDIAN SIGNATURE <i>(required for participants who are a minor or lack the capacity to sign legal documents)</i>	
I am a parent or guardian of the participant. I have read and understand this form and have explaining the contents to the participant as is appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent / Guardian Signature:	Date:
Printed Name:	Relationship:

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Waiver and Release of Liability, Assumption of Risk and Indemnification Agreement for Communicable Diseases

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Delaware their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

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Special Olympics
Delaware

To: Special Olympics Delaware - Director of Volunteers

Date: ___/___/___

This is a letter of reference for _____ who is applying to be a
(Applicant)
Volunteer and/or Unified/Peer Partner with Special Olympics Delaware.

I have known _____ for _____
(Applicant) *(Length of time)*
in my capacity as a _____ at
(Your title, role, knowledge of applicant)
_____. Based on my interaction with
(Organization/Company Name)

this person, I believe that she/he would make a good candidate for a volunteer with your organization.

Signature: _____ Date: _____

Please Provide your contact information below:

Print Name: _____

Daytime Phone: (_____) _____ - _____

E-Mail: _____

Please add any additional comments that you would like to share on the back of this form.

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Volunteer and/or Unified/Peer Partner with Special Olympics Delaware.

I have known _____ for _____
in my capacity as a _____ at
_____. Based on my interaction with
this person, I believe that she/he would make a good candidate for a volunteer with your
organization.

Signature: _____ Date: _____

Please Provide your contact information below:

Print Name: _____

Daytime Phone: (_____) _____ - _____

E-Mail: _____

Please add any additional comments that you would like to share on the back of this form.