



VOLUNTEER & UNIFIED PARTNER PROFILE FORM

PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Please return to Volunteer & Program Manager via fax: 404-745-0550 Or mail to: 1601 N. Ashley St., Suite 88, Valdosta, GA 31602 OR 6046 Financial Drive, Norcross, GA 30071 or scan and email to: miranda.moore@specialolympicsga.org Phone (229)-712-9973 OR danielle.hogan@specialolympicsga.org Phone (770)-414-9390 ext.1116 OR jade.walton@specialolympicsga.org Phone 229-834-8277
Visit us on the web: www.specialolympicsga.org

Check if you are a General Volunteer Coach Unified Partner Bus Driver
 GOC/Committee Member Local/Area Management Team Other (please list) _____

FULL NAME _____ Date of Birth (Required): _____ Male Female
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email address (Required): _____

Race (optional): Caucasian African American Hispanic/Latino Asian Other

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: _____ Area (1-18): _____

PHOTO ID CHECK – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

Enclosed is a photo copy of my driver's license

I, _____ verify that the person on this Profile Form has represented his/her
(*Full name of representing Volunteer) identity to the best of my knowledge: _____
Signature of Class A Volunteer Date

****Only the following volunteers can complete a photo ID check**
Please circle your volunteer status: • Local Coordinator • Local/Area Management Team • State Games Management Team • SOGA Team

Next Steps: (Required of ALL Class A Volunteers age 18 and older)

1. Protective Behaviors Training

- Please visit www.SpecialOlympics.org/ProtectiveBehaviors to complete Protective Behaviors Training.
- Please list the date that the Protective Behaviors Training was completed: _____

2. Background Check using Verified Volunteers

- Go to www.verifiedvolunteers.com and click LOGIN at the top right corner
- Create a Volunteer account
- When asked for Good Deed Code, enter **wnoc4cz**
- Please list the date that the Verified Volunteers Background check was completed: _____

Other Requirements for coaches, chaperones, bus drivers:

Please visit <http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion+in+sports> to complete Concussion Training.

Please answer the following questions honestly:

Do you use illegal drugs? _____ Have you ever been convicted of a criminal offense? _____

Have you ever been charged with and/or convicted of neglect, abuse, or assault? _____

Has your driver's license ever been suspended or revoked in any state or other jurisdiction? _____

If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

HEALTH INFORMATION – 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"/> Epilepsy or Seizure Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Assistive or Implantable Devices | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sickle Cell Anemia/Trait |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Chronic Infection |
| <input type="checkbox"/> Asthma or Respiratory Condition | <input type="checkbox"/> Missing Organ (e.g. spleen, kidney) |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Other Health Conditions |

Please list any medications, vitamins, or dietary supplements below:

Medication Name _____ Dosage _____ Times Per Day _____
Medication Name _____ Dosage _____ Times Per Day _____

UNIFIED PARTNER RELEASE AND WAIVER OF LIABILITY

Please initial to acknowledge you read and understand the below disclosure

In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (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 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 (or my child's if a minor) 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. **Initial** _____

If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (is) not able to give my consent for or make my own arrangements for that 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 understand the risk of injury and continuing of participation with or after a concussion, and may have to seek medical treatment, possibly waiting 7 days or more and permission from a doctor to play sports again. 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. **Initial** _____

I (or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports 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 (or my child if a minor) 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 a claim 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. **Initial** _____

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 personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media. I can share my personal information with researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, medical professionals in an emergency, and 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 <http://www.specialolympicsga.org/about/special-olympics-georgia-privacy-information/> **Initial** _____

SOGA Housing Policy – Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex. **Initial** _____

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 Georgia and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Georgia. I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics. I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay \$3.00 for my background screening through Verified Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening. **Initial** _____

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (229) 712-9973 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.

Volunteer/Unified Partner's Signature _____ **Date:** _____
Signature of Parent or Guardian (if Volunteer is Minor) _____ **Date:** _____
Print Full Name of Parent or Guardian _____ **Phone:** _____
Emergency Contact Information Name: _____ **Phone:** _____