

Please complete both sides of the application; print clearly using a pencil or black/blue pen



Please Return To:

Class A Volunteer Application for MINORS (under 18)

Start →

PERSONAL INFO

Last Name _____ Legal First Name _____ (Put nickname in parenthesis) Middle Name _____

Date of Birth _____ Email _____ Gender: Male Female

() _____ () _____
Home Phone _____ Cell Phone _____

In the event of an emergency, please contact: _____

Name (First & Last)	Relationship	Phone

SCREENING

1. Do you use illegal drugs? Yes No

2. Have you ever been convicted of a criminal offense? Yes Date _____ No

3. Have you ever been charged with neglect, abuse or assault? Yes Date _____ No

4. Has your driver's license ever been suspended or revoked in any state? Yes Date _____ No

If you answered "Yes" to any of the above questions, please explain below:

CONSENT AND WAIVER OF LIABILITY

Please Read Carefully and Sign Below
I understand that I will not be approved as a Class A volunteer until:

- I have completed Special Olympics Oregon General Orientation and Protective Behaviors trainings and quiz (for everyone 16 years old and above). Go to our website: www.soor.org ... Click on the red "Volunteer" button in the upper right ... Click on "General Orientation & Quiz" on the right side of the page.

If approved as a Class A volunteer I agree to the following:

- I grant Special Olympics Oregon permission to send me correspondence and notifications.
- I will abide by the rules and policies of Special Olympics Oregon.
- I will exhibit good sportsmanship and be a positive role model.
- I will refrain from and prohibit physical and verbal abuse, profanity and other inappropriate behavior.
- I will refrain from and prohibit the use of alcohol, illegal drugs, pornographic materials and controlled substances while acting in a volunteer capacity for Special Olympics Oregon. (Tobacco in restricted areas.)
- I will guarantee adequate supervision of athletes at all times to assure their safety.
- I will refrain from engaging in a romantic or sexual relationship with any athlete registered or participating with Special Olympics Oregon.

I understand that:

- The information I have provided may be verified, and I give permission to Special Olympics Oregon, Inc. to make inquiry of others concerning my suitability to act as a Special Olympics Oregon volunteer.
- In the course of volunteering for Special Olympics Oregon, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics Oregon and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics Oregon.
- I grant Special Olympics Oregon permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

I affirm that I have read and agree to the above and that the information I have given is true and complete.

Applicant signature _____ Date _____

PARENT

Parent must complete this section.

I affirm that I have read and agree to the above agreements/understandings AND give my child/ward permission to volunteer.

Parent Name _____ Parent Signature _____ Date _____

Parent Phone No _____ Parent Email _____

No individual is allowed to volunteer until approved by Special Olympics Oregon.

Parent must complete information on **both** sides and **sign** the parent section above.

If you are still volunteering when you turn 18, we will contact you for your social security number so we can conduct a criminal background check. (Requirement for adults.)

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UNIFIED SPORTS® PARTNER APPLICATION

Last Name Legal First Name (Put nickname in parenthesis) Middle Name Date of Birth

Street Address Apt. # County

City State Zip

() ()
Home Phone Cell Phone

Date of Birth Email

Emergency Contact: Name (First & Last) Relationship Phone ()

Please all below that apply to you and fill-in information as indicated

- Use a wheelchair
- Heart disease/heart defect/high blood pressure (circle)
- Chest pain
- Seizures/epilepsy/fainting spells (circle)
- Diabetes
- Concussion or serious head injury
- Major surgery/serious illness
- Heat stroke/exhaustion
- Blindness/visual problem (other than glasses)
- Contact lenses/glasses
- Hearing loss/hearing aid
- Bone or joint problem
- Do you regularly take medications? If yes, please list below

- Allergies
- Misc: _____
 - Medicines: _____
 - Food: _____
 - Insect sting/bite: _____
 - Special diet _____
 - Asthma _____
 - Tobacco use _____
 - Easy bleeding _____
 - Emotional/psychiatric/behavioral issues _____
 - Sickle cell trait or disease _____
 - Immunizations current _____

Daily medications: _____

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

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 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 (and/or my minor child's) participation. I acknowledge that, at any time, 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 medial treatment and I (and/or my minor child) am (are/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 acknowledge that Special Olympics events may occasionally involve overnight activities and that the housing arrangements made by Special Olympics staff or appointed volunteers may differ for each event. I understand that I may contact Special Olympics Oregon if I have any questions about housing arrangements for a specific event or the housing policy in general.

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 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, 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.

I have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® Partner Date

Signature of Parent or Guardian if Unified Sports® Partner is a minor Date