

SPECIAL OLYMPICS WISCONSIN COACH/VOLUNTEER CODE OF CONDUCT

Special Olympics Wisconsin (SOWI) prides itself in sponsoring high quality sports training and competitions for people with intellectual disabilities. The primary purpose of this code of conduct is to establish a high standard of coach/volunteer behavior that will ensure the safety and well-being of all athletes involved in training and competition. All coaches/volunteers are expected to abide by the code of conduct and standards of behavior as established by SOWI.

By agreeing to abide by the SOWI Code of Conduct, each coach/volunteer agrees to adhere to the following coach/volunteer behavior:

- Uphold the philosophy, principles and policies of Special Olympics, Inc. and SOWI; and
- Behave in a manner consistent with the SOWI core values of mutual respect, integrity, positive attitude, accountability, teamwork and dedication.

The following coach/volunteer behavior is unacceptable while participating in Special Olympics training, competition or travel to an event:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of alcohol
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Not following the rules of a sport
- Not providing adequate athlete supervision
- Submission of false or inaccurate competition qualification information
- Violent or disruptive behavior
- Physical or verbal sexual advances
- Any unwelcome physical contact
- Use of illegal drugs or any controlled substance*
- Possession of harmful weapons*
- Physical abuse*
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior) which disrupts or impedes the participation of athletes or others*

***These offenses will result in immediate suspension from all Special Olympics activities.**

The Coach/Volunteer Code of Conduct disciplinary and appeals processes can be found in the Volunteer section of the Agency Manager Handbook on the SOWI website SpecialOlympicsWisconsin.org, or you may request a copy from the SOWI Headquarters office.

Special Olympics Wisconsin is an equal opportunity volunteer organization and will not discriminate on the basis of race, color, religion, gender, or national origin. Gender is requested solely for the purpose of conducting driver's license and criminal records checks. Strict confidentiality is maintained with all information given.

Created by the Joseph P. Kennedy Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Intellectual Disabilities.

Special Olympics Wisconsin
2310 Crossroads Drive Ste 1000
Madison, WI 53718-7600
(608) 222-1324
SpecialOlympicsWisconsin.org

Updated: 1/1/16

ADULT CLASS A VOLUNTEER REGISTRATION FORM

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Special Olympics Wisconsin (SOWI) and wanting to make a difference in the lives of the nearly 10,000 athletes our program serves! SOWI is a nonprofit organization which provides year-round sports training and competition in 17 sports for children and adults with intellectual disabilities.

Volunteers are the driving force behind the success of SOWI. Whether you coach athletes, conduct competitions, organize Agencies, raise funds or serve on a committee, it's the team effort of volunteers like you that make Special Olympics Wisconsin a strong organization. By completing this volunteer registration form, you will assist SOWI in providing a safe and quality environment for Special Olympics athletes to train and compete.

Thank you for your commitment to Special Olympics Wisconsin and the athletes we serve.

VOLUNTEER REGISTRATION PROCESS

1. Determine if you are completing the correct form per the criteria listed below. **This form is to be completed only by individuals who are adults (age 18 and over)** and who are classified as Class A volunteers as listed below. Minor Class A volunteers are required to complete a separate minor registration form. Day-of-event volunteers are to fill out a Class B Volunteer Individual Registration form for the event they are working. This form is for:
 - a. Volunteers who have regular, close physical contact with athletes
 - b. Volunteers in a position of authority or supervision with athletes
 - c. Volunteers in a position of trust of athletes
 - d. Volunteers who have an above average level of authority or involvement with SOWI
 - e. Volunteers who handle cash or other assets of SOWI in amounts equal to or greater than \$15,000
2. Completely fill out and return this entire volunteer registration form (faxes are not accepted) to the SOWI Headquarters office in Madison.
3. **All fields in red are required. Your form will be returned to you if these fields are left blank**
 - a. Section One – Birth date, Social Security number and drivers license information will be used only for criminal background screening and will be kept confidential at all times. For additional privacy information, contact a SOWI office for a copy of our Privacy Policy or visit SpecialOlympicsWisconsin.org.
 - b. Section Two – Complete all information in this section. If you are going to be an Agency volunteer and you do not know your Agency number, contact your Agency manager.
 - c. Section Three - Complete all military information in this section.
 - d. Section Four - Complete all information in this section.
 - e. Section Five – Read all agreement and release information carefully and sign and date the form.
4. **Complete the online Protective Behaviors Training on our website SpecialOlympicsWisconsin.org. This must be completed to become a Class A Volunteer.**
5. SOWI will review your registration form and, if all information is completed correctly, will begin the screening process which includes conducting a criminal background check using our SOI approved screening vendor. Results of the background check will remain confidential. You will be automatically re-screened every three years upon re-taking of the Protective Behaviors Training.
6. When you are approved, SOWI will mail you a letter of approval and a volunteer registration card.

FIELDS IN RED ARE REQUIRED. The form will not be processed if left blank. Please use ink and print one letter in each space.

Name: |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

LAST FIRST INIT

[illegible][illegible]

Home Phone: |_|_|_|-|_|_|_|-|_|_|_|_| **Cell Phone:** |_|_|_|-|_|_|_|-|_|_|_|_|

[illegible]

Employer: _____

Birth Date: -- (This form is for applicants age 18 or over) **Gender:** ☐ Male ☐ Female

Social Security Number: |_|_|_|-|_|_|-|_|_|_|_| (Required for background check. This information is kept confidential.)

Driver's License Number *: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|-|_|_|_|_| **State:** |_|_|

* Driver's License Number is required in order to drive on behalf of SOWI. If left blank, you will be restricted from driving on behalf of SOWI.

[illegible][illegible]

Emergency Contact:

[illegible]

Please check all that apply:

☐ I have completed the online Protective Behaviors Training at SpecialOlympicsWisconsin.org on _____

☐ I have viewed the online General Orientation at SpecialOlympicsWisconsin.org on _____

Complete Agency number/ Young Athlete™ (YA) site/ Project Unify® (PU) site with which you will volunteer:

Agency Number: |__| - |__|__| YA Number: |__| - |__|__| PU Number: |__| - |__|__|

Please check volunteer category: ☐ SOWI Staff ☐ SOWI Intern ☐ SOWI Board of Directors

☐ SOWI Athlete ☐ SOWI Unified Partner ☐ SOWI Coach/Chaperone ☐ SOWI Volunteer

Please check category if applicable:

☐ Convoy® ☐ Law Enforcement Torch Run® ☐ Polar Plunge® ☐ Over the Edge ☐ Healthy Athletes®

- Games

☐ Other _____

Year you began volunteer service for Special Olympics Wisconsin: |__|__|__|__| (example 2001)

Do you wish to be recognized in the Special Olympics Wisconsin Years of Service Award Program? YES ☐ NO ☐

I am or have been a member of the military services: ☐ Yes ☐ No

If yes, please check all boxes that apply to your current status: ☐ Active ☐ Retired/Inactive

Branch of Service: ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard
☐ Reserves ☐ Guard ☐ ROTC

Photo identification verification:

OR ☐ I have attached a photocopy of my photo ID (state driver's license or state issued ID, passport, student ID, military ID), ☐ I have had an Agency manager or SOWI staff verify my identity (Agency manager or SOWI staff must sign below):

Agency manager or SOWI staff signature	Date	Agency manager or SOWI staff printed name	Date
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All five questions below must be answered truthfully or you will automatically be disqualified: **YES NO**

1. Do you use illegal drugs? ☐ ☐
2. Have you ever been convicted of a criminal offense?..... ☐ ☐
3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence? ☐ ☐
4. Has your driver's license ever been suspended or revoked in any state? ☐ ☐
5. Have you been convicted of, or plead guilty to, three or more moving violations within the past three years? ☐ ☐

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby understand and/or confirm the following:

- The information provided above may be verified by SOWI at its sole discretion, and permission is given to SOWI to conduct a check of criminal and/or driver's license records, and to make inquiry of others concerning the applicant's suitability to be a volunteer at any time during my volunteer service with SOWI;
- I release SOWI from any and all liability which may be incurred as a result of the volunteer screening process;
- I acknowledge that I will be using facilities at my own risk and I, on my own behalf, hereby release, discharge and indemnify SOWI from all liability for injury to person or damage to my property;
- In the course of volunteering for SOWI, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- The relationship between SOWI and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or SOWI;
- I grant SOWI permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of SOWI;
- I am responsible for informing SOWI of any changes to the information contained on this application;
- I have read and understand the Coach/Volunteer Code of Conduct printed on the back page of this form.

I affirm that I am age 18 or over and I have read and understand this application and the information provided is true and complete.

Signature: _____ **Date:** _____

Guardian's Signature: _____ **Date:** _____
(adults who are not their own guardian)

RETURN FORM TO: Volunteer Registration
Special Olympics Wisconsin
2310 Crossroads Drive Ste 1000
Madison, WI 53718-7600

FOR QUESTIONS CONTACT: (800) 552-1324
(608) 222-1324

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	
<input type="checkbox"/> No Restrictions	
<input type="checkbox"/> Restriction 1 – No driving on behalf of SOWI	
<input type="checkbox"/> Restriction 2 – No financial duties for SOWI	
<input type="checkbox"/> Restriction 3 – No contact with SOWI athletes	
<input type="checkbox"/> Restriction 4 – No chaperoning duties	
<input type="checkbox"/> Disapproved	
Date: _____	Initials: _____