

## 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 that 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 is 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. **BEFORE** filling out this form please make sure you have the below items ready:
  - a. Middle Initial
  - b. Completion of Protective Behaviors Training (see below step for details)
  - c. Agency Number, Young Athlete Number OR Unified Champion School Number (do not need all three)
  - d. Photo Identification
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 driver's 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](http://SpecialOlympicsWisconsin.org).
  - b. **Section Two:** Complete all information in this section.
    - i. The online **Protective Behaviors Training** can be completed at this link:[http://resources.specialolympics.org/protective\\_behaviors\\_training.aspx](http://resources.specialolympics.org/protective_behaviors_training.aspx). This must be completed to become a Class A Volunteer and you must retake it **every three years**.
    - ii. If you are going to be an Agency volunteer and you do not know your Agency number, contact your Regional Athletic Director.
  - c. **Section Three:** Complete all information in this section. Please provide a copy of photo identification or the Agency Manager's signature.
  - d. **Section Four:** Read all agreement and release information carefully and sign and date the form.
4. SOWI will review your registration form and, if all information is completed correctly, will begin the screening process that 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.**
5. When you are approved, SOWI will mail you a letter of approval and a volunteer registration card.

**SPECIAL OLYMPICS WISCONSIN ADULT  
CLASS A VOLUNTEER REGISTRATION FORM**  
(\*\*\*\*DO NOT FAX THIS IN\*\*\*\*)

**FIELDS IN RED ARE REQUIRED**

The form will not be processed if left blank. Please use blue/black ink and print one letter in each space.

**Section One – General Information**

**Name:** \_\_\_\_\_  
LAST, FIRST, M.I.

**Home Address:** \_\_\_\_\_  
NUMBER, STREET, APT

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**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.

☐ Single ☐ Married **Former Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Section Two – Special Olympics Involvement**

**Please check all that apply:**

☐ I have completed the online Protective Behaviors Training at:

[http://resources.specialolympics.org/protective\\_behaviors\\_training.aspx](http://resources.specialolympics.org/protective_behaviors_training.aspx) on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Complete Agency number/ Young Athlete™ (YA) site/ Unified Champion School® (UCS) site with which you will volunteer:

**Agency Number:** \_\_\_\_\_ - \_\_\_\_\_ **YA Number:** \_\_\_\_\_ - \_\_\_\_\_ **UCS Number:** \_\_\_\_\_ - \_\_\_\_\_

**Please check volunteer category:** ☐ Staff ☐ Intern ☐ Board of Directors ☐ Athlete ☐ Unified Partner  
☐ Coach/Chaperone ☐ Volunteer

**Please check category if applicable:**

☐ Convoy® ☐ Law Enforcement Torch Run® ☐ Polar Plunge® ☐ Healthy Athletes® ☐ Games

☐ Other: \_\_\_\_\_

**Year you began volunteer service for Special Olympics Wisconsin:** \_\_\_\_\_ (example 2001)

**Do you wish to be recognized in the SOWI Years of Service Award Program?** ☐ YES ☐ NO

### **Section Three – Screening Information**

#### **Photo identification verification:**

☐ I have attached a photocopy of my photo ID (state driver's license or state issued ID, passport, student ID, military ID)  
**OR** ☐ 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

#### **All five questions below must be answered truthfully or you will automatically be disqualified:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you use illegal drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended or revoked in any state?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been convicted of, or plead guilty to, three or more moving violations within the past three years                 | <input type="checkbox"/> | <input type="checkbox"/> |

### **Section Four – Volunteer Agreement and Release**

#### **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: (adults who are not their own guardian)**

\_\_\_\_\_  
**Date**

**RETURN FORM TO:** [ClassA@specialolympicswisconsin.org](mailto:ClassA@specialolympicswisconsin.org)

**OR MAIL TO:**

Volunteer Registration  
Special Olympics Wisconsin  
2310 Crossroads Drive Suite 1000  
Madison, WI 53718-7600

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

#### **FOR OFFICE USE ONLY**

- ☐ Approved
- ☐ No Restrictions
  - ☐ Restriction 1 – No driving on behalf of SOWI
  - ☐ Restriction 2 – No financial duties for SOWI
  - ☐ Restriction 3 – No contact with SOWI athletes
  - ☐ Restriction 4 – No chaperoning duties

☐ Disapproved

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**\*\*DO NOT FAX THIS FORM IN! IT WILL NOT BE PROCESSED IF DONE SO\*\***

## 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](http://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.

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