Special Olympics Wisconsin

6582 Ronald Reagan Ave. Madison, WI 53704 (608) 222-1324 SpecialOlympicsWisconsin.org



Updated: 1/2/2024

MINOR 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 the Special Olympics athlete to train and compete.

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

VOLUNTEER REGISTRATION PROCESS

- Determine if you are completing the correct form per the criteria listed below. This form is to be completed only by individuals who are minors (ages 8 through 17) and who are classified as Class A volunteers as listed below. Children younger than 8 cannot volunteer in any capacity for SOWI. Adult Class A volunteers (age 18 or older) are required to complete a separate adult registration form. Day-of-event volunteers are to fill out a Class B Volunteer Individual registration form for the event they are working. This minor form is for:
 - Volunteers who have regular, close physical contact with athletes (roles include, but are not limited to Unified Partners, coaches, Agency volunteers, and chaperones at State Games [only volunteers 16 years or older can serve as chaperones].
 - 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 3)
 - d. Photo Identification
- 3. All fields in red are required. Your form will be returned to you if these fields are left blank.
 - Section One Birth date is required to ensure that the minor applicant is at least 8 years old and will also determine when applicant turns 18 so they can be sent an Adult Class A Volunteer Registration form.
 - b. Section Two- Complete all information in this section.
 - i. The online <u>Protective Behaviors Training</u> can be completed at this link: <u>http://resources.specialolympics.org/protective_behaviors_training.aspx</u> This must be completed to become a Class A Volunteer and <u>you must retake it every three years!</u>
 - ii. If you are going to be an Agency, Unified Champion Schools®, or Young Athletes volunteer and you do not know your number, contact your *Athletic Director*.
 - c. Section Three Complete all reference information in this section.
 - d. Section Four Complete all educational information.
 - e. Section Five Complete all screening information by attaching a photo ID or getting a staff signature.
 - f. Section Six Read all agreement and release information carefully and sign and date the form.
- 4. SOWI will review your registration form to begin the screening process which may include the verification of references. Results of any reference checks will remain confidential.
- 5. When you are approved, SOWI will mail you a letter of approval and a volunteer registration card.

SPECIAL OLYMPICS WISCONSIN MINOR CLASS A VOLUNTEER REGISTRATION FORM

(This form is for applicants ages 8 to 17)

ALL FIELDS ARE REQUIRED. This form will not be processed if any are left blank. Please use ink and print one letter in each space.

<u>Section One – General Information</u>				
Name: _ _ _		_		
LAST Home Address:	FIRST	1.1		
	I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—			
City: _ _ _	_ _ State: Zip: _			
Home Phone: _ _ _ _ _ _ Cell Phone: _ _ _ _ _ _				
E-Mail:				
Birth Date : _ - _ - _ (this form is form i	or applicants ages 8 to 17) Gender: \square Male \square Female	•		
Emergency Contact:				
Phone:				
	F*			
Section Two – Special Olympics Involvement				
Agency Number: _ - _ Young Athlete (YA)™ site: _ - _ (UCS)® site: _ - _				
□ Special Olympics athlete □ SOWI Unified Partner				
☐ I have completed the online Protective Behaviors Training at				
http://resources.specialolympics.org/protective_behaviors_training.aspx_on				
Year applicant began volunteer service for Special Olympics Wisconsin: _				
Does applicant wish to participate in the Special Olympics Wisconsin Years of Service Award Program? YES □ NO □				
	_			
Section Three – Reference Information				
Please provide <u>two</u> personal/professional references who are at least 18 years of age and are not the applicant's				
relative or guardian. One reference <u>must</u> be from the a	applicant's school, church or a civic group.			
To be completed by Applicant's References: By signi	ing below, I confirm the following:			
1. I am at least 18 years of age and am not a legal guardian or relative of applicant;				
 I am not aware of any reason that applicant should not be permitted to volunteer on behalf of Special Olympics Inc. I do not possess any information that would cause me to believe applicant would pose any undue risk to Special 				
Olympics athletes or others who participate in Spec		al		
Befores Number Containmetics	Defended Number Two Information			
Reference Number One Information	Reference Number Two Information			
Reference number one signature Date	Reference number two signature Date	_		
Reference number one printed name	Reference number two printed name			
Relationship to applicant (how you know applicant)	Relationship to applicant (how you know applicant)			

Organization/Institution name and phone number

Organization/Institution name and phone number

Sectio	n Four – Education Information	
Please	print name of school currently attending:	
Type o	f school: Elementary School Middle School High School Other	•
Sectio	n Five – Screening Information	
Photo	identification verification:	
OR	☐ A photocopy of applicant's photo ID is attached (state drivers license ☐ Agency manager or SOWI staff member has verified applicant's ide	
Agency	y manager or SOWI staff signature Date Agency manager or S	DWI staff printed name
 Do y Have 	ur questions below must be answered truthfully as they apply to you use illegal drugs?e you ever been convicted of a criminal offense?	
Sectio	on Six – Volunteer Agreement and Release	+
• S S S S S S S S S	by understand and/or confirm the following: The information provided above may be verified by SOWI at its so SOWI to make inquiry of others concerning applicants suitability applicants volunteer service with SOWI; I release SOWI from any and all liability which may be incurred as a release SOWI from any and all liability which may be incurred as a release, discharge and indemnify SOWI from all liability for injuct applicants property; In the course of volunteering for SOWI, applicant may be dealing with agrees to keep said information in the strictest confidence; The relationship between SOWI and volunteers is an "at will" arranging time without cause by either the volunteer or SOWI; I grant SOWI permission to use applicants likeness, voice and words from the sectivities of SOWI; I am responsible for informing SOWI of any changes to the information have reviewed the Coach/Volunteer Code of Conduct with minor a methat I have read and understand this application and the information in that I have read and understand this application and the information in that I have read and understand this application and the information in that I have read and understand this application and the information in that I have read and understand this application and the information in the service with minor and the information in the service with the informati	to be a volunteer at any time during sult of the volunteer screening process on risk and I, on my own behalf, hereby to person (applicant) or damage to the confidential information and applicant ement, and that it may be terminated a finitelevision, radio, film or in any form to contained on this application; oplicant.
Paren	t/Guardian Signature:	Date:
Minor	Applicant Signature:	Date:
RETUR	N FORM TO: Email: ClassA@specialolympicswisconsin.org	FOR OFFICE USE ONLY
	OR Volunteer Registration Special Olympics Wisconsin 2310 Crossroads Dr. Ste 1000 Madison, WI 53718-7600	☐ Approved ☐ Disapproved Date:
		Initials:

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

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 the screening process. Strict confidentiality is maintained with all information given.

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