



## Voluntaro Platform – Launching 2/10/25

### A. New Applications

1. Visit our website: <https://specialolympicswisconsin.org/get-involved/volunteer/class-a-volunteer/>
  - a. Follow the link to launch a new application in the Voluntaro platform: <https://app.voluntaro.com/WI/Application>
  - b. Complete the required fields and click Next:



## Apply to Be a Volunteer

### Volunteer Application Step 1 of 3

#### Step 1

If you are new to the Special Olympics program, please begin by selecting the local program you would like to volunteer for, and entering your information below.

Are you applying through a Unified Champion school?\* ☐ Yes ☐ No

Local Program

--Please Select--

Volunteer Type

Select options

Legal First Name

Legal Middle Name

Legal Last Name

Date Of Birth

Create Username

Email Address

Re-type your Email Address

Cell Phone

Next

- c. If the system identifies a record that may belong to you, you will receive this notice:

## Apply to Be a Volunteer

Powered by **OXIOTP**

 Help

An account was found that matches your name

Sorry for taking you off course. We have identified existing account(s) that match the name you entered on the previous step. If you are a returning volunteer, please select the username that belongs to you and enter your password below. If none of these user names belong to you, select the appropriate response and click next to continue the registration process.

☐ mk\*ck

☐ Kw\*ck

☒ None of these user names belong to me.

Password

Next

[Request Previous Account Information](#)

[If you have forgotten your password, retrieve it here](#)

- d. If one of these accounts belongs to you, select the username and enter your password to login.
  - 1. You can also click “If you have forgotten your password, retrieve it here” to reset your password
- e. If these accounts do not belong to you, select “None of these user names belong to me,” and click Next
- f. Your name, username and email address will populate from the previous screen – fill in the remaining fields



## Apply to Be a Volunteer

### Volunteer Application Step 2 of 3

Please review and update all information listed below. Once reviewed, click the Submit button at the bottom.

#### Local Program

2-17 Marshfield Area SO

Volunteer Class A

#### Personal Information

Legal First Name

Kaylor

Middle Name

-

Last Name

Wiedenbeck

Previous Last Name

Nick Name

User Name

kwiedenbecktestapp

Email Address

kwiedenbeck@specialolympicswisconsin.org

Create Password

Re-Enter Password

Home Address

Apt/Unit

City

State

Wisconsin



Zip Code

County

Home Phone

Cell Phone

888-888-8888

Date of Birth

06/09/1993

Gender

Select a Gender



Race/Ethnicity

Select a Race/Ethnicity



Drivers License Number

Drivers License State Issued

Select a State



## Employment

Employer/School

Occupation

Qualifications

## Areas of Interest

- ☐ Alpine Skiing
- ☐ Basketball
- ☐ Bowling
- ☐ Cycling
- ☐ Golf
- ☐ Snowboarding
- ☐ Soccer (Football)
- ☐ Swimming
- ☐ Volleyball

- ☐ Athletics (Track & Field)
- ☐ Bocce
- ☐ Corn Toss
- ☐ Flag Football
- ☐ Powerlifting
- ☐ Snowshoeing
- ☐ Softball
- ☐ Tennis

## History With Special Olympics

Have you ever volunteered or participated in any activities with Special Olympics?

☐ Yes ☒ No

### Confidential Information

Have you in the past year used illegal drugs or prescription drugs unlawfully?

☐ Yes ☒ No

Have you ever been charged with neglect, abuse, assault, or any sexual offense?

☐ Yes ☒ No

Have you ever been convicted of a criminal offense? (omit minor traffic offenses)

☐ Yes ☒ No

Has your driver's license ever been suspended or revoked?

☐ Yes ☒ No

# Emergency Contacts

First Name

Last Name

Cell Phone

Relationship to You

--Please Select--

Remove

Add Another Emergency Contact

Submit

- g. Click Submit
- h. Review the Consent & Release Form for ordering a background check, scrolling fully to the bottom:



## Apply to Be a Volunteer

### Volunteer Application Step 3 of 3

#### Consent/Release Form

I understand that:

- o The information that I have provided may be verified by periodic background checks or any other means deemed appropriate, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer.
- o 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.
- o The relationship between Special Olympics 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.
- o I grant Special Olympics permission to use my name, likeness, voice and words in television, radio, and film, or other media, in any form, for the purpose of promoting activities of Special Olympics and/or applying for funds to support these activities.
- o I will notify Special Olympics Wisconsin of any change to the information I have provided on this application within ninety days of its occurrence.

As a Special Olympics coach/volunteer, I understand that:

- o The information that I have provided may be verified by periodic background checks or any other means deemed appropriate, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer.
- o 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.
- o The relationship between Special Olympics 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.
- o I grant Special Olympics permission to use my name, likeness, voice and words in television, radio, and film, or other media, in any form, for the purpose of promoting activities of Special Olympics and/or applying for funds to support these activities.

- i. Enter your name, today's date and your social security number before clicking Next to submit your background check authorization
- j. Review the Consent & Release Form for ordering a background check, scrolling fully to the bottom:

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

Enter Your Full Legal Name


Enter Today's Date

Social Security Number

Social Security Numbers will not be stored by Special Olympics Wisconsin. Its use is one-time only for purposes of completing a criminal background check.

[Next](#)

- k. At the below screen, select [Click here to begin for coaching trainings](#)

 voluntaro

## Apply to Be a Volunteer

### Submission Complete!

Thank you for completing the Special Olympics Wisconsin Coach-Volunteer Application. Someone will be looking over your application very shortly. If you need immediate assistance, please call one of us at 608-442-5665.

The next step after background processing is to complete the online Coach/Volunteer Orientation. This takes approximately 30 minutes and contains a short quiz at the end. Please feel free to complete this training now by clicking below. If you don't have time to go through this at this time, you will receive an email with instructions to log in at anytime to complete.

Returning Volunteers: If you have not already completed your training, please do so now.

### Online Coach/Volunteer Orientation

[Click here to begin](#)

- l. You will be prompted to log into your account – enter your username, password and click Login:

# welcome back

Login to your account

☒ Remember me? [Forgot Username / Password?](#)

- m. Click Begin Training Module for each required item:

Begin Training Module

- n. Read the PowerPoint slide and select Click Here to Proceed
1. Follow the prompts for each module: review the information, watch videos, answer questions and select Click Here to Proceed
  2. When you reach the end and pass the test, click Continue

Congratulations! You passed the quiz!

Try Again

Continue

- o. Click Begin Training Module on the next activity assigned to you

## Training Menu

### Standard Volunteer Training

#### Communicable Disease Waiver\*

This REQUIRED module must be completed before you can volunteer.

Retake Training Module



#### Protective Behaviors\*

This REQUIRED module must be completed before you can volunteer.

Retake Training Module



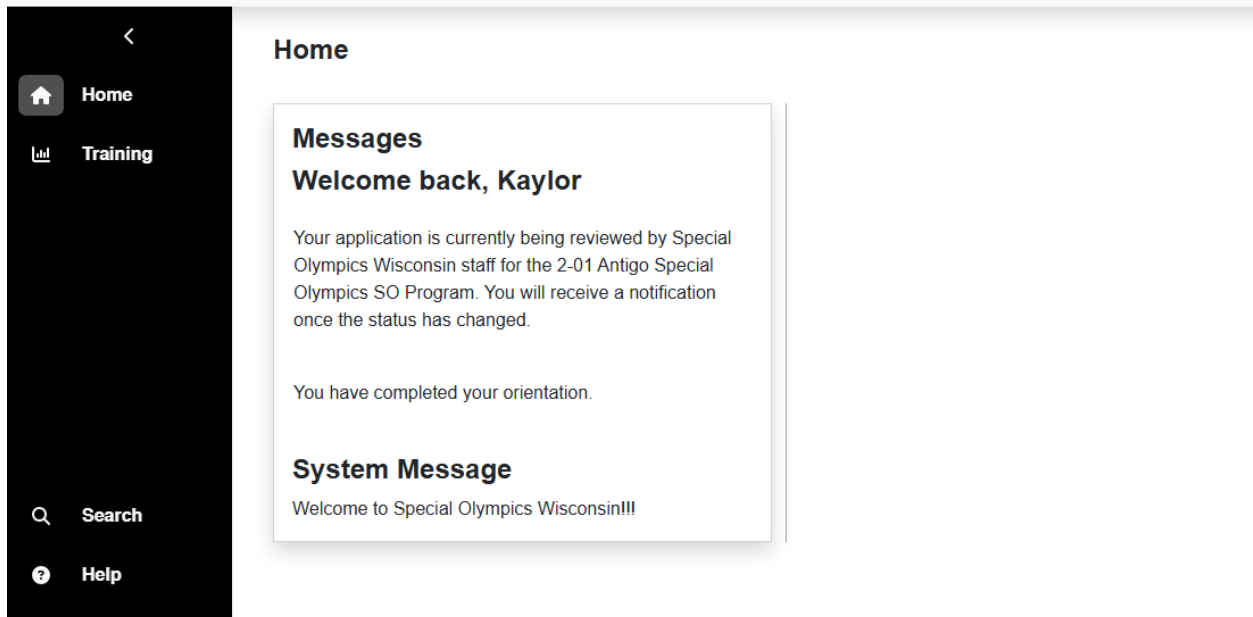
### Sports Training

#### General Coaches Certification\*

This REQUIRED module must be completed before you can volunteer.

Begin Training Module

- p. Complete all training modules assigned to you
- q. After the trainings are completed, click on the Home option on the menu:



- r. You have no further steps to take – you will receive an email when your application has been approved or denied
  - 1. When your application has been approved, your name will appear on your local program's volunteer roster