VOLUNTEER & UNIFIED PARTNER PROFILE FORM

PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Please return to Volunteer & Program Manager via fax: 404-393-2929 Or mail to: 3998 Inner Perimeter Rd, Suite A, Valdosta, GA 31602 OR 6046 Financial Drive, Norcross, GA 30071 or scan and email to:
Rachel.Miller@specialolympicsga.org Phone (770)-414-9390 ext. 1118
Visit us on the web: www.specialolympicsga.org

Check if you are a ☐ General Volunteer ☐ Coach ☐ Unified Partner ☐ Bus Driver
☐ GOC/Committee Member ☐ Local/Area Management Team ☐ Other (please list) _____

Full Name: **Date of Birth (Required):** **☐ Male ☐ Female ☐ Other**
First *Middle* *Last*

Address: **City:** **State:** **Zip:**

Cell Phone: **Home Phone:** **Email address (Required):**

Race (optional): Caucasian ☐ African American ☐ Hispanic/Latino ☐ Asian ☐ Other ☐

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: **Area (1-18):**

PHOTO ID CHECK – Please complete **one** of the following photo ID checks prior to sending your Profile Form to SOGA

☐ **Enclosed is a photo copy of my driver's license**

☐ **I, _____ verify that the person on this Profile Form has represented his/her**
*(**Full name of representing Class A Volunteer)* **identity to the best of my knowledge:** _____
****** *Signature of Class A Volunteer* *Date*

****Only the following volunteers can complete a photo ID check (you cannot sign your own name on box 2)**
Please circle your volunteer status: • Local Coordinator • Local/Area Management Team • State Games Management Team • SOGA Team

Next Steps: (Required of ALL Class A Volunteers age 18 and older)

1. **Protective Behaviors Training**
   -Please visit **https://learn.specialolympics.org** to complete Protective Behaviors Training.
   -Please list the date that the Protective Behaviors Training was completed: _____
2. **Background Check using Sterling Volunteers**
   -Go to **https://app.sterlingvolunteers.com** and click **LOGIN** at the top right corner
   -Create a Volunteer account
   -When asked for Good Deed Code, enter **7n9744i**
   -Please list the date that the Sterling Volunteers Background check was completed: _____

Other Requirements for coaches, chaperones, bus drivers:
Please visit **https://learn.specialolympics.org** to complete Concussion Training.

Please answer the following questions honestly:
Do you use illegal drugs? _____ Have you ever been convicted of a criminal offense? _____
Have you ever been charged with and/or convicted of neglect, abuse, or assault? _____
Has your driver's license ever been suspended or revoked in any state or other jurisdiction? _____
If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

HEALTH INFORMATION – collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.
Please mark if you have any of the following conditions and provide details:

- ☐ Special Dietary Needs
- ☐ Allergies
- ☐ Assistive or Implantable Devices
- ☐ High Blood Pressure
- ☐ Heart Condition
- ☐ Asthma or Respiratory Condition
- ☐ Mental Health Condition
- ☐ Epilepsy or Seizure Disorder
- ☐ Neurological Condition
- ☐ Diabetes
- ☐ Sickle Cell Anemia/Trait
- ☐ Chronic Infection
- ☐ Missing Organ (e.g. spleen, kidney)
- ☐ Other Health Conditions

Please list any medications, vitamins, or dietary supplements below:
Medication Name_____ Dosage _____ Times Per Day_____

UNIFIED PARTNER RELEASE AND WAIVER OF LIABILITY

Please initial next to each to acknowledge you read and understand the below disclosure

Initial _____ In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (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 (or my child's if a minor) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I, (and/or my minor child) will discontinue participation immediately.

Initial _____ If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (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 understand the risk of injury and continuing of participation with or after a concussion, and may have to seek medical treatment, possibly waiting 7 days or more and permission from a doctor to play sports again. If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

Initial _____ I (or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports participants, sponsors, advertisers and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (or my child if a minor) 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Initial _____ I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). I agree and consent to Special Olympics using my personal information in order to make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services using my personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media. I can share my personal information with researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, medical professionals in an emergency, and government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law. I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
Privacy Policy – Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at http://www.specialolympicsga.org/about/special-olympics-georgia-privacy-information/

Initial _____ SOGA Housing Policy **–** Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex.

Initial _____ 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. The relationship between Special Olympics Georgia 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 Georgia. I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics. I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay $5.00 for my background screening through Sterling Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening**.**

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (770) 414-9390 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.

Volunteer/Unified Partner's Signature _____ **Date:** _____
Signature of Parent or Guardian (if Volunteer is Minor) _____ **Date:** _____
Print Full Name of Parent or Guardian _____ **Phone:** _____
Emergency Contact Information Name: _____ **Phone:** _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics *Georgia* their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Special Olympics Georgia Participant Code of Conduct

I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk. During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

☐ I confirm that I do not have symptoms of COVID-19 and have not been in contact with anyone that has tested positive for COVID-19 symptoms in past 5 days (cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)

☐ If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 5 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 5 days after exposure.

☐ If I get or have had COVID, I will not go to any in-person Special Olympics Georgia events until 5 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.

☐ I will have my temperature checked prior to leaving home to attend any training, competition and/or group activity.

☐ If required, I will have my temperature checked upon arrival to any training, competition and/or group activity. If a fever exists, I will immediately depart to go home, this will include anyone I traveled with to this competition.

☐ Special Olympics Georgia provided me the education on Special Olympics rules for COVID-19 and who is at high risk.

☐ I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics Georgia events in person, until there is little or no Coronavirus in my community.

☐ I will keep at least 6 feet from all participants at all times. This includes bathrooms, delegation sitting area during competition, picking up food or snacks, Olympic Town, and seating during Opening Ceremony. I will not engage in hugging, hand shaking, or high fives.

☐ If required, I will wear a mask at all times while at Special Olympics Georgia activities. I may or not have to wear it during active exercise, warm ups, or during competition.

☐ I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.

☐ I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.

☐ I will not share drinking bottles or towels with other people.

☐ I understand that spectators could be limited at any training, competition, or group activity.

☐ I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. If equipment must be shared, the appropriate cleaning supplies must be used to wipe down before the next athlete uses for competition or warmups.

☐ I agree to possible contactless pickups. Special Olympics Georgia will provide certain materials, HOD packets, t-shirts, snacks, water, etc. and understand that there could be no direct contact in picking up these items.

☐ I will only enter, leave, or move around the check-in and competition areas that my agency is assigned. I will continue practicing social distancing while in these areas.

☐ I will abide by Special Olympics Georgia's housing policy. Only the same gender will be allowed in each room. 1 person assigned to a dorm room. I will abide by the 10pm curfew.

☐ I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics Georgia activities during this time.

☐ I understand that any medical services needed for sickness or illness while participating at any Special Olympics Georgia event will not be covered by the Special Olympics Georgia insurance carrier, but instead will be covered by the insurance provider of the individual participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____